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*Will<sup>m</sup> Long Esq<sup>r</sup>*

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To Mr Long  
from the Author



KING'S COLLEGE HOSPITAL  
MEDICAL SCHOOL.  
PRACTICAL

OBSERVATIONS

ON THE

NATURAL HISTORY AND CURE

OF THE

VENEREAL DISEASE.

RESERVATION

THE DISTRICT COURT

OF THE DISTRICT OF COLUMBIA

IN AND FOR THE DISTRICT OF COLUMBIA

IN RE THE ESTATE OF

JOHN W. WATSON

DECEASED

ADMINISTRATOR

VS.

THE DISTRICT OF COLUMBIA

PLAINTIFF

VS.

THE DISTRICT OF COLUMBIA

DEFENDANT

FILED

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PRACTICAL  
OBSERVATIONS  
ON THE  
NATURAL HISTORY AND CURE  
OF THE  
VENEREAL DISEASE.

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IN TWO VOLUMES.

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BY JOHN HOWARD,  
FELLOW OF THE ROYAL COLLEGE OF SURGEONS, LONDON.

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VOL. I.

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SECOND EDITION.

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TO

PERCIVAL POTT, ESQ.

DEAR SIR,

HAD I lived in a distant country, with the pleasure of knowing you only by the numerous and valuable observations with which you have enriched our art, I should, even then, have been desirous of affixing your name to my work. But I have a nearer and more forcible tie—When yet rude in the affair of surgery, your fostering hand supported me, your precepts instructed me, and your example animated me.

An intercourse of many years, cemented



into friendship, what was, originally on your part, an act of benevolence. After having closely attended to your public practice in a great hospital, I became, and continued for years, your confidential assistant, in as large a share of important, general business, as has ever fallen to the lot of one man. This was no common opportunity of acquiring information. From the great number of cases which came under my inspection when acting under you, I gained not only much general knowledge; but most of the facts, and reflections contained in the following pages, occurred to me during that period.

My obligations to you, sir, are therefore many; and indeed more than can possibly be repaid by any thing I can say, or any dedication I can offer.

I can only express a sincere wish, that you may long continue to adorn and improve that profession, to the per-

fection of which you have so very largely contributed. I am,

Dear Sir,

With the greatest respect,

Your most obedient and obliged

Humble Servant,

JOHN HOWARD.

ARGYLE-STREET.

## LETTER

To the Hon. the Secretary of the Treasury  
Washington, D. C.  
Dear Sir,  
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed amendment to the Constitution of the United States, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,  
Your obedient servant,  
J. M. Smith

## P R E F A C E.

---

TO call the attention of the medical student to some useful practical truths, and to caution him against mistaking a false, for a real light, were the principal motives which induced me, in 1782, to publish a small tract on the medical properties of mercury. Encouraged by the opinion which some respectable practitioners have been pleased to give of that work, and reflecting that the evils I there wished to remedy are not yet removed, I have been induced to revise and enlarge my former observations. And that I may now be more clearly understood, the subjects are divided under two general heads. The one, comprehends some remarks on the natural history of the venereal disease, including the Gonorrhœa; the other, the curative part, in which, to the contents of the above tract, some additional

observations will be offered on the application of mercury to each particular symptom; and I shall endeavour to explain what have appeared to me the best methods of treating the *Gonorrhœa Virulenta*. The first part of the work contains all I have to say on the pathology of the venereal disease, and the following, will contain all I know at present, of the best established means of curing it.

Having been long in the habit of noting the symptoms of the disease, and the circumstances I conceived of most consequence in the operation of the remedies; and having thereby acquired a number of facts; it was my intention to have published them together some years ago. But business, and other circumstances intervening, I contented myself with publishing some general observations on the antivene-real power of mercury. Since which, additions have been occasionally made both to the pathological and therapeutic parts. Having been long engaged in practice, and though accustomed to draw information principally from that source, I had, in a work of this nature, too great a respect for the names of Sydenham,



Boërhaave, and Astruc, to neglect their masterly productions. Men, who, besides the advantages flowing from very extensive practice, possessed the no less material requisites of great natural sagacity, unwearied industry, and deep erudition.—Upon consulting them, I found, as every man who unites reading with practice will find, that they had anticipated me in some very important points. At this I was at first surprised, till reflection shewed me that even these consummate practitioners, excellent as their writings undoubtedly are, could not have been self-taught; for they must have collected knowledge from the practice of the times in which they lived, as well as from those who had gone before them in the same walk of science. From the one, they probably derived their first ideas of the disease, and its several remedies, which experience daily improved: and from the other, they obtained not only a confirmation of their own particular observations, but the means of extending them. And it was no disparagement to the great and uncommon abilities of these men to suppose, what every impartial critic will readily allow,

that, with respect to many of their facts, they also were anticipated.—Being unwilling to trust to my own opinion as to this matter; having procured the Venetian collection<sup>a</sup> of early writers,\* published by Aloysius Luisinus in 1568, I examined many parts of that voluminous work with attention, and found no small degree of pleasure in contemplating those venerable remains, which the laudable benevolence of this man has carefully preserved from oblivion. From some of these writers many of the boasted discoveries of the past and present day may clearly be traced. From them I had the satisfaction of obtaining proofs to illustrate and confirm many of my facts, before taken from practice; and from them I have also learned that the disease has, with but few exceptions, maintained the same natural appearance, from its first rise to the present time; and that all those who have, under similar circumstances, faithfully delineated the objects

<sup>a</sup> \* Of this valuable collection, I believe, there was no edition but that of 1568, for a long series of years, to the time of Boerhaave. The original work was in two folio volumes. The edition by Boerhaave in one large folio.



that offered, have constantly presented the same likeness.

If any one should doubt whether these remarks on the early writers are just, let him reflect that the age in which they lived was remarkable for the greatest exertions of the human mind, not only in this, but in every part of science. To say nothing of other literary productions of that æra.—A new disease, singular in its appearance, and destructive in its consequences, could not fail of exciting, in all practitioners, the most active industry.

To that, besides the most complete natural history of the disease extant, we owe, among other things, our present knowledge of *the facts* ;—that frictions would cure, by affecting the mouth ; and that the crude mineral, when extinguished and taken internally, would have a similar good effect. To the same industry must also be attributed the important circumstance, of knowing that the vapour of mercury, when detached from sulphur by heat, and in that form applied to the mouth and denuded body, would cure. From them we derived

the use of *Hydrarg. nitrat. R. et Hydrarg. Muriat.* as topics; and to them are we indebted for all we at present know of the properties of Sarsaparilla, China, and Guaiacum. If the great Boerhaave \* (and very few have understood the disease better) could, after 35 years practice, meet with circumstances which did not yield to the usual remedies, and, at a late period of his life, apply to the *above-mentioned Writers*; let no modern estimate *Their Acquirements* lightly.

The compilation to which I allude contains the observations of more than fifty writers who flourished in different countries, and at different periods of time, between 1498 and 1567. In them the medical student will find original matter, as far as works copied from nature can be said to be so. He will, in their writings, meet with real discoveries which succeeding times have adopted, because they were eminently useful. The experience of more than two centuries has, indeed, established and enlarged them. But, to do these practi-

\* See his excellent preface to the Aphrodisiac.

tioners justice, if we consider merely their observations on the natural history of the venereal disease, and methods of cure, it may truly be said that subsequent writers have rather embellished the old, than formed a new edifice. So little have they added to what was constructed before by these men.

In saying this I do not mean to depreciate the labours of the moderns. But whoever will compare the works of the latter with those of the first writers, will be induced to wonder how it has happened that, possessed as they have been of the great mass of information left by their predecessors, we should be still in doubt as to many circumstances in the natural history of the disease and operation of the remedies. It is not, however, by any means my intention to attempt to raise the reputation of the early, at the expence of the subsequent writers ; nor do I wish to recommend the student to unqualified reading before he has gained, from actual experience, judgment enough to distinguish the good from the bad ; the pure metal from the dross, with which he will sometimes find it united. But he may be assured that he

will neither know his own acquirements, nor be able to judge candidly of the works of others, till he has carefully examined the *early records* as well as *modern accounts* of the disease. Highly as all practical knowledge ought to be valued, it must be confessed that a man may learn a great deal by a just comparison of his own with the observations of those who have been placed in similar circumstances with himself; who may, perhaps, have been endued with greater abilities, superior industry, and have had much greater opportunities of information. Nor should any man carry his predilection for his own notions so far as to imagine that the small contracted span of his life, how actively soever it may have been employed, can outweigh the productions of near three complete centuries, and the united labours of a prodigious number of intelligent practitioners. I say prodigious; for not to mention the multitude of facts which have been irrecoverably lost to the world, more has been written on *these* than on any other medical subjects whatever.



In short, *they* have been so frequently handled, and so generally understood in every age from the beginning of the 16th century, that no man can, in this branch of knowledge, now lay any just claim to originality. They have been long too well explored to render the discovery of a new hemisphere possible: And whoever travels this way, must expect to view seas and countries which have been very frequently traversed and viewed by others. If a writer wishes to convey what he may suppose to be his own ideas, he will be often unavoidably led to describe appearances with which many of his predecessors were familiarly acquainted, and which many of his contemporaries who have been well versed in venereal business, must also know. And this naturally leads me to lament that some very respectable writers of the present time have not paid as much attention to this as to what has, rather falsely than truly, been called the more noble parts of medicine. If the extensive influence of a disease, and its too often destructive consequences, can make one sub-

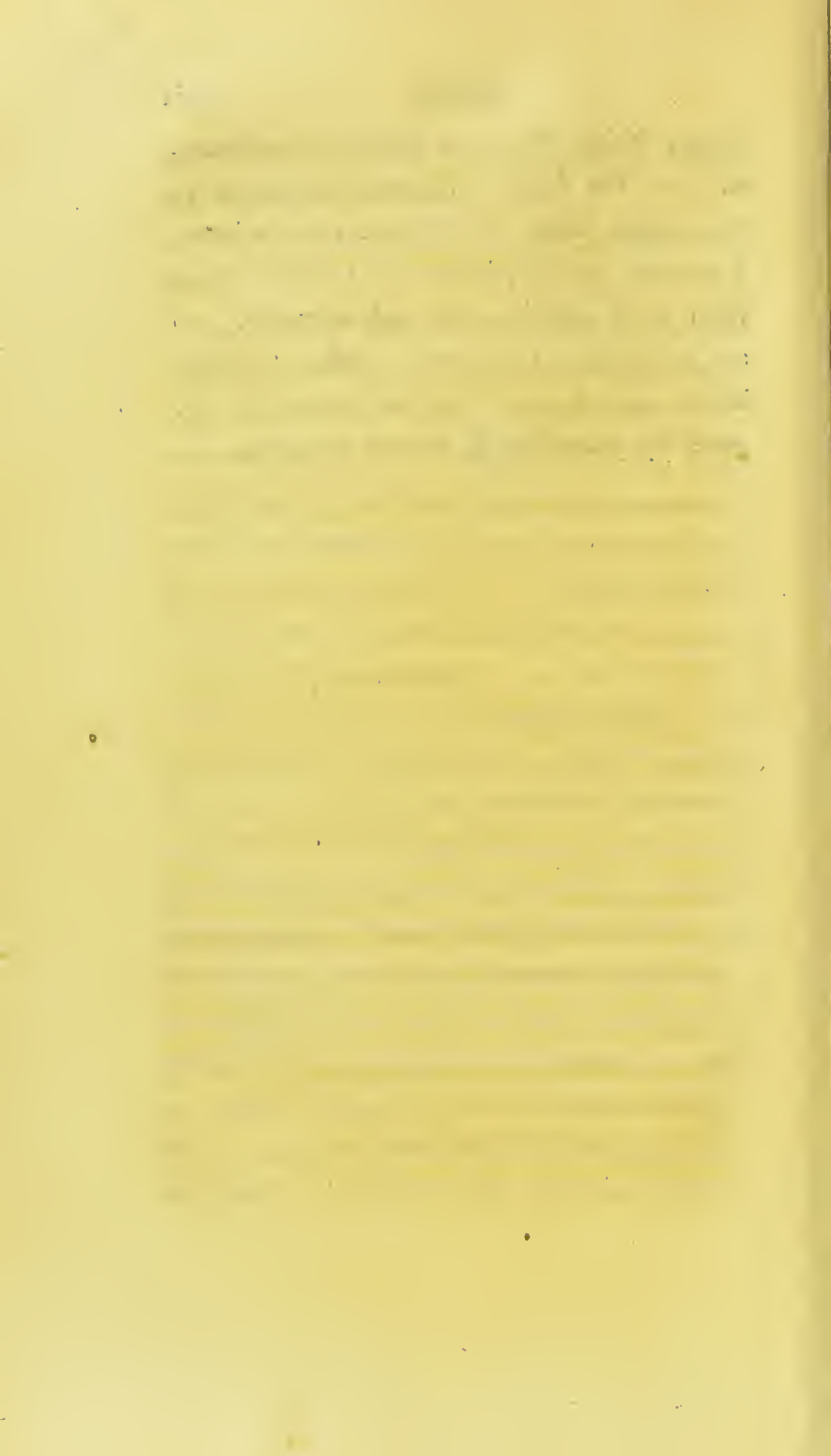
ject of inquiry more interesting to humanity than another, it is surely this!

The natural history of the venereal disease, and the action of the specific in its cure, certainly form a very extensive part of medicine; but if we consider the matter in another point of view, it will appear still more important. The specific is capable, from its medicinal properties, of being of the greatest service to mankind in many other diseases; and, perhaps, there can be no better clue to the discovery of these properties than its operation in venereal cases.

Having traced to the fountain head the best and least exceptionable practice in *Lues Venerea* as at present established; I must add that the facts contained in the several parts of this work are of two kinds; general and particular. To all intelligent medical men the former will be well known; and I flatter myself, how much soever it may have been of late the fashion to disguise the old, in order to amuse the world with new doctrines, that these will still stand their ground; and keep that rank with the best practi-

tioners which they have uniformly maintained from the days of Berengarius Carpus to the present hour. With respect to the latter, I can only say they have been faithfully taken from cases actually seen and attended, and are submitted to the public under the firm belief, that facts of this sort cannot be too generally promulgated, or too numerous.





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# ERRATA.

## VOL. I.

Page	2, (note)	for	glands,	read	glans.
7, line 17,	....	is it	....	it is	
10, ....	17, omit	they	....		
61, ....	10, ....	an	....		
66, ....	17, for	or	....	an	
.....	8, ....	tibæ	....	tibiæ	
92, ....	11, ....	almochatin	....	almochatim	
136, ....	20, omit	of			
149, (note)	for	sicatica	....	sciatica	
156, ....	4, ....	immediately	....	mediately	
162, ....	5, ....	escarra	....	escar	
180, ....	2, ....	venera	....	venerea	
183, ....	17, ....	infection.	....	affection	
184, ....	19, ....	considerable	....	inconsiderable	
189, ....	11, ....	mucous	....	mucous.—This error recurs in several other places; and sometimes the Adjective will be found substituted for the Substantive.	
202, line 13, for	glans	read	glans		
265, ....	3, ....	scirrhus	....	scirrhus	
270, (note)	6, ....	larger	....	other	
279, line 17,	....	muriat	....	muriat.	
281, ....	25, ....	ready	....	readily	
303, ....	14, ....	stimulous	....	stimulus	
309, ....	25, ....	probable	....	probably	
315, ....	17, ....	has	....	as	
329, ....	22, omit	are			

## VOL. II.

13, line 1, for the	read	they			
13, ....	9, ....	dysenterically	read	externally	
30, ....	8, add	mercurial	to	sedatives	
37, ....	1, omit	or			
48, ....	7, ....	in the	tumour		
49, ....	22, for	is	....	read was	
66, ....	1, ....	nodus	....	nodous	
89, ....	18, ....	Rubra	....	Rubia	
91, (note)	....	Francisco	....	Francisco	
.., line 9, ....	dolorus	....	dolores		
.., ....	11, ....	articulus	....	articulis	
92, ....	21, ....	post quem	....	postquam	
.., ....	26, ....	decocto	....	cocto	
137, ....	7, ....	for seem to be.	..	are	
138, ....	6, ....	unequivocal	....	equivocal	
139, ....	24, ....	effects	....	effect	
178, ....	4, ....	even	....	ever	
199, ....	21, ....	an easy matter.	....	so easy a matter	
203, (note)	put (,) after	Sneider's	membrane		
208, line 8, for	part	read	parts		
220, ....	15, ....	depend	....	depends	
231, ....	24, ....	incline	....	inclines	
.....	26, ....	has	....	have	
241, ....	15, ....	heals	....	has healed	
254, ....	2, omit	e			
298, ....	18, read	can	....	cannot	
313, ....	13, ....	arc	....	are not	
344, (note)	for	caloplasmatis	read	cataplasmatis	
345, (note)	....	emignum	....	cyminum	
338, ....	Bloomfield	....	Bromfield		
390, line 10, add	part after	bulbous			
....	11, ....	should	after	obstruction	



# PRACTICAL OBSERVATIONS

ON THE

## VENEREAL DISEASE.

---

### *Preliminary Observations.*

TOWARDS the close of the memorable fifteenth century, about the year 1494 or 1495, the inhabitants of Europe were alarmed by the sudden appearance of the Lues Venerea. The novelty of its symptoms, and the wonderful rapidity with which it was propagated throughout every part of the then known world, soon made it an important object of medical inquiry. Since which time there have been, perhaps, more volumes written on this, than on any other subject whatever. And notwithstanding the laborious exertions of a great number of very ingenious men, from the time of its breaking out to the present day ; many very interesting parts of its natural history are still involved in much doubt and uncertainty. Of the truth

of which position, the present remarks will afford some very striking proofs.

Marcellus Cumanus, Johannes de Vigo, and others of the early writers on Lues Venerea, have left us an admirable outline of its most remarkable symptoms: an outline which, so far as it goes, is indisputably correct, because it corresponds with the present features of the disease. The chancrous ulceration described by Marcellus,\* and those still more particularly delineated by Vigo,† differ in no respect

\* The disease as it appeared in 1494 is thus described by Marcellus Cumanus.

“ I observed,” says he, “ many of the officers and foot soldiers in Milan, whilst I was in the camp at Navarre, to have several scabs or pustules breaking out on the face and spreading all over the rest of their bodies.” The first of which appeared usually under the præputium, or on the outside like a grain of millet, sometimes behind the glands, with a small itching: at other times a single pustule would arise like a little bladder, without much pain, but itching also: if rubbed or scratched there arose an ulcer, corrosive and smarting like the sting of an ant, &c.” Vide Astruc, vol. ii. page 226. Translated by Dr. Barrowby.

† Vigo, speaking of the Disease, says, “ Ejus origo in partibus genitalibus, viz. in vulva in mulieribus et in virga in hominibus semper ferè fuit cum pustulis parvis, interdum lividi coloris, aliquando nigri, nonnunquam subalbidi cum callositate eas circumdante.”

from the same symptoms as they appear at this day. And from their testimony it is evident that the disease was propagated from the beginning as it now is, by what they called, with great propriety, a *pustule*: we, a chancre. This then is the great primordium, or first symptom. If we may credit Antonius Musa Brasavolus, and Fallopius, the gonorrhœa virulenta vera, which subsequent writers have also called a primary symptom, was not known for a period of more than thirty years from the breaking out of the disease at the siege of Naples; and the total silence of the early practitioners, as to that train of symptoms which go under this general name, gives considerable weight to what they have advanced. Vigo (in his tract De Morbo Gallico) does not mention it, nor any one of its very remarkable symptoms. This writer conceived the design of compiling a general System of Surgery in 1503, he finished the first part of it, in which there is the above tract, in 1513, and added the second part, which is a kind of supplement to the original work, in 1517. The book having been thus amended, was published at Leyden in black

letter, in 1518. This edition I am in possession of. The only trace I can find, in the whole work, of a disease bearing any resemblance to the gonorrhœa, is in *parte secundâ*, cap. de ægritudinibus virgæ. In this chapter mention is made of a complaint, which, he says, frequently occurred, and he calls it an ulceration and excoriation of the urinary canal, but it is not attributed to a syphilitic cause. In another part of his surgery he mentions the *hernia humoralis*, but considers it as an inflammation of the testis, without referring it to a gonorrhœa, and he classes it, with *herniæ*. It was many years after the coming out of this book that Antonius Musa Brasavolus\*

\* Vide *Aphrodisiacus*, vol. i. edit. Venetiis, p. 564. This author, speaking of the different modifications the *Lues Venerea* had undergone, from the time of its appearance, says, "At, a viginti annis citra, aliæ quædam species ortum habuere," &c. after mentioning the alopecia; the *dentatola*, or falling out of the teeth; the *unguim casus*; the *amissio oculorum*, or *occhiarola*, he adds, "Quintus modus est gonorrhœa, nam gallicus affectus ex gonorrhœâ incipit, et postea pilorum defluvium sequitur, quandoque incipit a gonorrhœâ, et in gonorrhœam finit;" and in another part of his works he says, "Quandoque affectus hic Gallicus absque bubone, et absque ulceribus in præputio vel cole incipit. At gonorrhœa quædam incipit, quæ contingit ob pravam affectionem retentricam



first described the gonorrhœa as a new modification of the old contagion, I mean that by chancre. Gab. Fallopius, who was a

“ vim lædentem, et expultricem ad expellendum laces-  
“ sentem, quæ materias per vias proprias transmittit, nec  
“ in inguinibus non colliguntur, neque in pene : hoc vero  
“ profluvium difficulter sanatur, neque enim adstringi debet  
“ sed purgando potius curandum est. Hæc tamen non est  
“ vera gonorrhœa, id est, veri sanguinis fluxus, sed  
“ sunt pituitosæ materiæ, quandoque aliis mistæ acriori-  
“ bus quæ pravâ qualitate gallicâ affectæ sunt. Et si  
“ quispiam hac detentus gonorrhœâ, cum sana muliere  
“ rem veneream habuerit, et ipsa in hunc materiæ de-  
“ fluxum incidat; ut videatur ferè esse alter contagii  
“ modus : (quoniam in hac specie per contagium recipitur  
“ ut gonorrhœa : Gonorrhœam pariat, non autem panos  
“ vel bubones, neque in pene, vel præputio, pustulas).  
“ Curatio fiat per purgationes superius enarratas, et si  
“ intentum hoc pacto minime assequeris, ad decoctum et  
“ ad inunctiones tibi deveniendum est. De verâ autem  
“ gonorrhœa seorsum agemus, et de hujus generis pro-  
“ fluviis tam in mulieribus quam in viris, nam multa  
“ sunt per penem profluvia quæ gonorrhœa vocantur,  
“ tamen verè gonorrhœa non sunt, imo sunt pituitosæ  
“ materiæ quæ exeunt. Tamen cum plerumque con-  
“ tingat ut hujus materiæ exitu hi urantur, propterea  
“ considerare oportet an sit bilis quæ exeat, an pituita  
“ falsa. Necessarium enim est esse materiam aliquam  
“ acrem, quæ ustionem illam parit. Si sit bilis ex colore  
“ percipitur, si autem pituita et ea ex colore indicabitur.”  
After recommending an emollient astringent sedative in-

disciple to the latter, and a famous teacher of anatomy in the university of Pisa, from the year 1551 to the time of his death in 1563, confirms the testimony of his master, and says, “ that the gonorrhœa was first “ known fifteen years before he wrote his “ book *De Morbo Gallico*.” I do not know the precise dates of these two works, and therefore cannot form any idea of the time when this disease appeared. In short, the æra of *Lues Venerea* seems to be pretty well ascertained: But it is probable that a disease very similar to the gonorrhœa virulenta was known before that æra, and described by the old English writers, anterior to that period, under the name of the sickness of brenning or burning. But whether that was the gonorrhœa virulenta of the subsequent and modern authors remains still to be investigated. If the true gonorrhœa had really a syphilitic origin at the time the above

jection, a liniment to the penis and parts adjacent, and an electuary; if these fail, he advises the decoct. guaiaci, and mercurial inunction.



writers have pointed out, (a fact which seems to depend entirely on the authority of the last named authors) might not the general introduction of mercury, which followed soon after the year 1518, have produced this new arrangement? This almost total change of one set of symptoms into another? Before the Lues Venerea appeared, the Arabians, and those who practised after them, had been for many centuries slightly acquainted with the properties of this medicine, and had applied it to the cure of some cutaneous affections. The resemblance of venereal eruptions to these diseases is supposed to have given the hint of its antivenereal power, and probably might have induced Berengarius Carpensis to use it. But is it not certainly known to whom we were first indebted for this idea. It was employed in Lues Venerea by this able practitioner very early in the sixteenth century, if not sooner; but its effects were not then generally understood. And it was to him, or his disciple Vigo, that we must attribute the promulgation of the very important fact, that this medicine would

cure by making the mouth sore.\* And it seems to have been principally from the great professional reputation of the former, and the writings of the latter, that it gained a name, and became afterwards general among regular medical practitioners.

Whether the true æra of the virulent Gonorrhœa was, as above stated; or whether the general introduction of mercury at the period now mentioned had any share in producing this singular modification of the disease (if such it is) I will not say. It must be confessed, that there is very little dependance to be placed on history, and still less on conjecture. But it is certain, that the general use of the specific for very near

\* Vigo after giving a form of a mercurial liniment, compounded of mercury extinct. cum salivâ, and mixed with other medicines, in praise of it he says ;

“ Et utere, leniendo ad ignem cum palma manus  
 “ prædicta loca desuper fasciando pannum calidum cum  
 “ fasciâ. Nam ejus operatio mirabilis est. Et curat intra  
 “ hebdomadam haud dubie morbum Gallicum cum omni-  
 “ bus ejus accidentibus, de quibus in antecedente capite  
 “ mentio facta fuit ; materiam antecedentem et facientem  
 “ ulcera, dolores et tuberositates, per os secessum, vel per  
 “ multos sudores educendo.”

300 years has produced much variation in the natural course of Lues Venerea. It was probably mercury which first modified it, so as to give rise to a node in the form and manner we now see it. And I shall hereafter mention a case, in which a venereal eruption was repelled by the external application of a mercurial cerate, that had by accident raised a premature salivation; the immediate consequence of which was this affection of the periosteum. And it must be noted, that this symptom did not appear either before the eruption, or during its continuance on the surface of the body, though the pustules had been spread over that surface for many months. It was therefore produced by the imperfect operation of the medicine: and it appears from the early records of the disease, that Vigo, who was principally instrumental in bringing this medicine into general use, was also the first man who gave us a clear account of this symptom. That there were affections of the periosteum and bones, in the disease, before the use of mercury, is probable; but I apprehend they had

neither the appearance, nor the precise course of our common nodes.

The early writers did not, I believe, often meet with bubo, before the introduction of mercury. When a chancre becomes irritable, or discharges largely, one of the most certain means of producing a bubo, is to heal the ulceration suddenly by a topic; whilst the system in general is stimulated by mercury: but when the chancre is allowed to heal gradually under that discharge, which naturally belongs to it, though the system should be at the same time stimulated, yet no such consequence will generally follow. The first practitioners, neither using mercury to the system, nor, generally speaking, topics to chancres they suffered them to take their own course under a very cooling antiphlogistic regimen. And this will, in some measure, account for the silence of the most early writers, with regard to the symptom called a bubo. Vigo, who has also omitted to describe it, probably did not often meet with it. For though, to use his own words, he made a practice of killing the malignity of



chancres with his red precipitate; and of mortifying them by that or other means, yet under an idea that the disease, when it had only this primary symptom, was local, he employed no mercury internally; his general means of relief consisted principally of evacuants and antiphlogistics. Under this kind of management, I believe, venereal matter may pass from a chancre through the lymphatic glands into the system, without inflaming them; other symptoms of Lues, as eruption, &c. would indeed follow, but as these, upon their appearance, would take the lead, there could have been but seldom a suppuration in the groin, or bubo.

At this day, a moist venereal excrescence frequently arises between the glans and prepuce, particularly behind the corona glandis. The discharge from this excrescence, is, I believe, capable of communicating disease, and is probably the remains of a previous chancre or chancrous excoriation, imperfectly healed, by a topic; by the too partial operation of the specific on the system, or perhaps, by the concur-

rence of both these circumstances. When these two symptoms, chancre and chancrous excoriation, are suffered to go on in their own natural course, they would, no doubt, spread and do considerable injury to all the surrounding parts. There would be a deep, or widely spreading ulceration, but no appearance that could be properly called verrucous. To produce this, there must be the application of the causes above assigned, and though the symptom now mentioned, is an univocal mark of disease, yet is it probably one of the many symptoms which have been modified by art.

From the foregoing instances, it is extremely evident, that in an attempt to give the natural history of Lues Venerea, it is not only necessary to point out the progress of nature, in the formation of the symptoms, and the precise order in which they occur ; but to shew how far this arrangement may be altered from its true course, by the use of the means employed to effect a cure. There is, perhaps, no disease in which this distinction is more worthy of attention. Because a very slight operation



from the specific is capable of weakening what it is not allowed to cure; of procrastinating what it does not wholly prevent; and of producing great variation in symptoms, which would otherwise be, most frequently, more regular and uniform. And this renders it extremely difficult, I had almost said, impossible, to collect from practice alone a perfect history of the disease, as it would proceed naturally, when not under the controul of art. For where shall we find a man supinely suffering all the different gradations of symptoms, from chancre to affections of the periosteum and bones, without an attempt to lessen his miseries by mercury? such an instance is scarcely to be found.

It was said, by the great Sydenham, that he who thoroughly understood the natural history of a disease, would seldom be at a loss as to the proper method of treating it. This observation will certainly apply to many diseases: but no previous acquaintance with the natural history of Lues Venerea, could ever have led a practitioner to employ mercury in its cure, if it had not been previously known, that this medi-

cine would cure some cutaneous affections, to which it bore a distant resemblance. But, as time and reiterated experience have, for many ages, established the reputation of the specific, and as the operation of that specific is pretty well understood, a thorough knowledge of the disease, to which it has been so long successfully applied, is of the utmost importance: because it is principally on that, that a regular and judicious method of practice must be founded. And to speak the truth, it is a species of knowledge, which, how slightly soever it may have been treated by some, is yet not very easily attainable. To define with accuracy, and to discriminate clearly, are in every branch of science difficult; but with respect to venereal infection, every step taken towards an investigation into its nature, must be not only difficult, but attended with a peculiar degree of uncertainty; arising not only from the patient's ignorance in the disease itself, from his levity, bashfulness, or want of candour, but also from the present imperfect state of our theory. And I fear, as we proceed in our inquiries on *Lues Venerea*, the reader will frequently have occa-

sion to lament, that many desiderata are, on the side of the practitioner, wanting, and that much still remains to be explored, before we can talk rationally on some parts of its natural history.

With respect to some very interesting theoretical points (and I now particularly advert to the nature of the gonorrhœal infection) our endeavours will be directed rather in search of what we do not know, than in amusing the reader with idle speculations of our own. What we have to offer on the natural history of the *Lues Venerea* itself, though in some parts I am sensible it is greatly deficient, yet this I can answer for, that it has been faithfully taken from practice: and facts of this sort, however imperfectly given, will, I flatter myself, to the inexperienced, be always found useful. I have not aimed at increasing the catalogue, or at enumerating every kind of symptom to be found in books, but have endeavoured, in as concise a manner as I could, to give the result of my observations for more than thirty years back; that those who have not had many opportunities of seeing the disease, may yet, by

attending to the marks here given, clearly distinguish it from all others; trace it through its general progress, and know it, even in its most insidious form, when in disguise, it secretly undermines the constitution.

I have not ranked the gonorrhœa virulenta with Lues Venerea, properly so called; because though its venereal origin has been pretty generally believed, yet it has been believed without clear and absolute proof. And even granting that origin, still it has a course of its own, a course no more like that of a chancre than is a common catarrh like that of the small pox; and which does not seem to lead to a general infection of the system, or to the same consequences as chancre. Therefore (excluding gonorrhœa) I arrange the symptoms of Lues Venerea under *THREE general heads.*

Those which appear early, in the most natural order, and are not perceivably influenced by the medicine, I rank under the *first head.* These are chancre, chancrous excoriation, and venereal bubo; and as a venereal ulceration of the tonsils, a venereal eruption, and a beginning affection of the periosteum, do sometimes shew



themselves early, or within a few months after the receipt of infection, I must, when they follow this course, refer them also to this class. However, when I speak of the latter in a general manner, I shall, in conformity to custom, call them secondary symptoms: as when they appear at a more distant period than that now described, they are more properly classed under the second than under the first head; because they then are more diverted from their natural course, by mercury.

The symptoms above-mentioned are univocal, certain signs of infection, and are venereal in every sense of the word.

Upon examining the symptoms arranged under the *second head*, the effects of the medicine, in retarding the natural progress of the disease, will be sufficiently evident. These are half-healed sores on the glans or prepuce, originally chancreous; buboes, which have burst of themselves, or been opened, but which, from the poison still lurking in the system and from irritation, have no disposition to heal; warts and other similar excrescences; ulcerated tonsils;

eruptions ; nodes and gummata ; venereal ophthalmiæ, rhagades, ozænæ, &c.

These symptoms differ from the former, not only in having been very much influenced by mercury, but in not preserving, with respect to the time of their appearance, a precise regularity or order. And they differ from the symptoms comprehended under the third head, in being, though somewhat irregular, fairly formed ; and univocal, certain marks of infection.

Under the *third head* are comprehended the anomalous symptoms ; those which are the remains of one or more former infections, still more broken down than the preceding symptoms, but not perfectly eliminated by the medicine ; and in which the deleterious effects of the latter, are often blended with the latent sparks of the disease.



## THE FIRST HEAD OR DIVISION.

THE symptom called a chancre is the primary and immediate consequence of inoculation with true venereal matter, and may arise in any part of the human body : but it generally shews itself in the pudenda, because the infecting MEDIUM is there first taken up in the one sex, and communicated by contact to the other. It is not however peculiar to these parts ; for whenever the same kind of fluid is applied to a scratch on the hand, or finger, the same consequence will generally follow. In both cases the poison has a power of acting, perhaps in the nature of a ferment, on the juices it first meets with in the cutis and cellular membrane, surrounding the parts where it was originally received, and into which it was deposited ; and of converting them into its own virulent nature. The matter from which, applied to a third person, infects him also, and thus the propagation of the disease may be carried on, *ad infinitum*.

There can be no doubt but the slightest abrasion possible, or breach of the cuticle, is sufficient to give a speedy admission to this destructive fluid. And if we may be allowed to judge of this, from the activity of the variolous matter, in propagating the small pox, which may perhaps be communicable, simply by rubbing that matter through the pores of the skin, it seems probable that the mere contact of venereal matter upon surfaces so delicate, and slightly defended with cuticle as the pudenda, would be sufficient to produce disease. But it has never yet been fairly and fully proved, whether the same consequence would follow from the inoculation, or simple contact of the gonorrhœal fluid; I mean the discharge taken from a gonorrhœa, when it may reasonably be supposed to possess the highest degree of virulence. It must also be remarked, that this disease may be communicated by a child at the breast to a sound nurse; or a diseased nurse may give it to a sound child from a diseased nipple. And a man diseased with venereal sores on his tonsils, mouth, or lips, may give it, by kissing alone, to a modest woman, if such

woman should have any excoriation or breach of skin on her lips or tongue, more particularly if the kiss be columbatim.

There is both a local and a general predisposition to Lues Venerea: Jews and Mahometans, from the constant exposure of the glans and loss of the prepuce, have the cuticle of the balanus of much firmer texture than those who have not been circumcised; and they are, from this circumstance, much less subject to chancre and gonorrhœa than the rest of mankind.\* For the same reason they, who from the shortness of the prepuce generally keep the glans uncovered, are neither so liable to the one disease or the other, as those who have long narrow præputia; for persons thus formed constantly keep the surface of the glans and prepuce moist and tender; and, almost at every cohabitation, are liable to abrasions and to ex-

\* Fallopius, an author of distinguished credit, assures us that, even in his time, when the disease probably raged with more violence than it does now, scarcely two out of a thousand persons were infected whose præputia were short, and whose balani were kept constantly uncovered; and he adds, "Ratio est quoniam detectæ glandis durius corium redditur atque callosius." *Aphrodisiæ*, page 780.

coriations. There cannot be a more dangerous predisposition than this. But as it can always be known *à priori*, so are the means of prevention safe and easy; namely, acquiring the habit of stretching the too contracted prepuce, and keeping the glans penis uncovered and exposed, under the usual habiliments, to friction and air; by this management, a natural phymosis may be remedied, a venereal phymosis prevented, and the admission of the poison into the part rendered more difficult. The predisposition depending on constitution, is not so easily counteracted. This we can only know *à posteriori*, from experience, from the rapidity with which the disease proceeds in some habits, and from the great obstinacy with which it resists the usual methods of cure. That there is in nature such a predisposition is evident, not only from what is daily seen in the small pox, but from the great devastation sometimes made by *Lues Venerea*, in persons whose juices have never been contaminated by a former infection. And, on the other hand, the surprising escapes which some have, from cohabitation with those who are capable of communicating disease.



shew, that a sound person is not at all times disposed to receive it. How often do nurses and others who have never had the disease escape infection from the small pox? And there have been certainly a few instances in which even inoculation would not give it.

In that species of chancre, which for distinction sake I must call the *APHTHOUS*, from its resemblance to the *aphthæ* of children, the progress of venereal infection on the part, from the receipt of the poison to the fair formation of an ulceration, has not been described with sufficient accuracy. The first two stages, namely that of pimple, and that of pustule, are generally passed over unnoticed before the disease is suspected, and the first symptom that gives alarm is an uncommon itching on one or more points of the glans or prepuce. Upon inspection a small ulcer is perceivable, not deep, nor perhaps larger than a moderately sized pin's head, the circumference and bottom of which are thickened and hard, with a surface yellowish, or resembling a small slough, but with some-



what of the orange-coloured tint, like the fat of rusty bacon.\* This singular appearance is frequently discoverable by the naked eye at an early stage; but will be best known by viewing the part with a good lens. When rubbed or rudely handled this ulcer smarts a little, but the only inconvenience at this period of disease is a trifling itching, sometimes with, sometimes without a slight surrounding inflammation. It is remarkable and well worthy of note, that a chancre of this kind will sometimes remain in this slightly irritable state, for a much longer space of time than has been generally imagined. I have seen one so exceedingly small, and so perfectly free from pain and inflammation six weeks after the receipt of infection, that if I had not known the fact from incontestable evidence, I should have supposed it to

\* I have seen this tint frequently in the early stage of a chancre, when the part has been ulcerated, but I have not yet been able to ascertain whether it is observable also before the infection has proceeded so far, namely during its previous states of pimple and pustule, because the state of ulceration is generally that in which patients apply for relief.

have been of a much earlier date. And notwithstanding this flattering and seemingly trifling appearance on the part infected, in the case to which I am now adverting, by trusting to the slow effects of an alterative course of mercury, the operation of the remedy was not sufficiently quick or powerful to anticipate or prevent the natural progress of the disease to a venereal eruption. However, I believe that instances like this are not very common; for the ulceration generally becomes irritable before the period above-mentioned.

The pimple, which (if I may be allowed the expression) is the first rudiment or indication of a future ulcer, may be compared to that slight elevation and inflammation of the skin, which appears on the arm of a person very lately inoculated for the small pox. At what precise time the pimple shews itself after the insertion of the venereal matter, or how long it remains in that state before its conversion into a pustule, I cannot say. After inoculation for the small pox, when the disease takes, the

inoculated arm generally shews signs of infection within three or four days after the insertion of the variolous matter. But to this there are many exceptions. For the arm is sometimes so little altered on the sixth day, and even later, as to make it doubtful whether the disease has been communicated or not. But in Lues Venerea, the elevation and inflammation of the pimple are much later than in the small pox. For when gonorrhœa virulenta and chancre are combined in the same subject, and both received from one and the same infected person; the chancre often shews itself many days, and sometimes weeks, after the commencement of the former. Probably though, in this case, the gonorrhœa may procrastinate the natural progress of the venereal ulcer. It being an established law in the animal œconomy that irritation or inflammation subsisting in any one part, will often retard the progress of these symptoms in another.

It is generally allowed that after inoculation for the small pox, the earlier the elevation and inflammation of the little wound,

and the quicker the subsequent change to maturated pustule, the milder will be the future disease. I have seen a few instances in which the inoculated arm has been as forward on the third or fourth day, as it generally is on the eighth or ninth, and in these cases no eruption followed. But it may be questioned, whether the early and rapid progress of a chancre is not rather a mark of virulence, than of a mild species of disease. Be this as it may, certain it is that in *Lues Venerea*, the older the date of the infection, no matter how slight or trifling the ulcer may seem, the more difficult it will be to assure the patient from secondary symptoms in future. Because the disease is in this case quickly verging towards the time of eruption. The period at which it may truly be said to have arrived at its state or *acmè*. It generally happens that in the progress of both these poisons into the system, there is a certain alteration produced on the parts to which the respective fluids are applied, which seems essential to the propagation of the two diseases. Thus in the



small pox, pimple, then pustule first containing lymph, then a more concocted pus-like matter precede the pain in the axilla and eruptive symptoms: So in Lues Venerea the pimple is first converted into a pustule, which breaking leaves a small open ulcer; then the lymphatics become affected, and so on. But there are exceptions to this natural progress in both diseases. If I mistake not, I have known eruptive symptoms and pustules arise from variolous matter, without the usual regular appearance on the part inoculated, and future experience will shew how far the same observation may be applied to the venereal poison. We meet every day with venereal buboes, as first symptoms, without the smallest marks of a latent chancre. In this case the poison immediately after its admission, either passes directly to the lymphatic glands, and so on into the system, without undergoing any regular alteration or fermentation where it is first applied: or else, the sudden enlargement and inflammation of the lymphatic glands for a time anticipates that progress which would other-



wise takē place on the part: perhaps sometimes one, sometimes the other of these circumstances is the fact, when bubo arises as the first symptom. I had once a patient who, a fortnight after connexion, had a beginning bubo without any other attendant symptom; it was clearly venereal; he used mercury in the alterative way, and in about nine weeks, from the time of infection, his bubo was fairly suppurated. After the matter was discharged, and not before, a chancre made its appearance on the prepuce, small in size, and with the usual characteristic marks, but without pain or inflammation; and, from the opinion I have of the veracity of the man, I make no doubt but that the same connection which gave the one symptom communicated also the other.

The chancre or chancres (for sometimes there is only one and sometimes there are several) are for the most part devoid of pain, or considerable inflammation, for many days; and in some cases for weeks; they are small in size, and though attended with considerable itching, yet the glans and prepuce

continue uninflamed and without phymosis. There is no increased secretion from the sebaceous glands, no general excoriation, or abrasion of the cuticle, during the whole of this period; which, as has been already observed, some times continues for weeks. There is only a solutio continui, where the chancre or chancres really exist. Local irritation will often change the condition of these sores, from this quiet to a very uneasy and painful state, especially if irritation is assisted by intemperance of any kind. And, what is worthy of note, even the stimulus of mercury to the system, before the decisive change has been produced on the disease, will have a similar effect. As by degrees the ulcers spread and eat away the surrounding parts, converting them into their own nature, the itching goes off, and soreness, pain, and great irritability succeed. As these increase inflammation is brought on the glans and prepuce, and then a tendency to a complete phymosis ensues. The prepuce is not only thickened, but it becomes red and tense, and with difficulty admits of

a perfect denudation of the glans. A short time before the parts are in this irritable state, a symptom, which is generally reckoned peculiar to the gonorrhœa alone, is felt, I mean a slight chordée. And it arises from the extension of the inflammation to the cellular texture of the urethra and corpora cavernosa penis. For some time there is no other discharge than what is furnished by the chancre or chancres themselves, the sebaceous glands remaining without increased secretion. But when the discharge becomes greater and more stimulating, then sometimes new chancres arise, in addition to the original ones, the sebaceous glands themselves become affected, their surfaces are exposed, and those parts which are not actually ulcerated are excoriated. The general irritation is now so great that the prepuce can hardly bear to be touched, much less to be handled, so as to suffer a minute examination of the sores, and unless the irritation and inflammation are speedily removed, the patient may lose his prepuce, and perhaps a great portion of the glans. This mischief arises in the first instance from the spreading

and great irritability of the chancres, and from the discharge which they furnish becoming highly stimulating; in the second, from the extension of that irritability to the mucous surfaces of the glans, and internal parts of the prepuce, on which it produces inflammation and excoriation; and lastly, from the discharge arising from all the sores not finding a free exit. This affection cannot happen to those who have lost their præputia, or whose præputia are short, but is most frequently met with in those who constantly keep the surfaces of the glans covered.\*

The excoriation here described is clearly the consequence of previous chancres; and, as it requires precisely the same treatment, it may be called chancrous. Though I am by no means

\* I must here repeat the caution lately given, because it is a matter of infinite consequence. The conveniences of keeping the glans covered are trifling, when compared with the risque and horrible effects of the detention of venereal matter behind, and upon the glans of one who has a long and tight prepuce; and therefore every man who indulges himself in promiscuous venery, should acquire the habit of keeping the glans uncovered, and thereby endeavour to harden both that and the prepuce.



satisfied that that appellation is a proper one, I would rather confine the term to the rapid excoriation which sometimes follows the livid irritable species of chancre to be hereafter mentioned, and perhaps to some others.

It is very seldom that an affection of the prostate gland, or neck of the bladder, takes place in consequence of a pure and unimixed chancre. But I have known it happen when the ulcer has been situated at the orifice of the urethra, though it produced no one of the symptoms of a virulent gonorrhœa; and, in the case I now allude to, the free use of mercury under confinement, which was necessary for the cure of the chancre and a venereal eruption, which the patient also had, cured him of the affection of the prostate. I had once another instance of a chancre situated in the same manner, which, without producing gonorrhœa, was attended with considerable hardness and beginning abscess in perinæo, which, with the chancre, gave way to the general use of mercury, and was thereby perfectly dispersed, without ever coming to supuration. When the apthous chancre gets



into an irritable state, and sometimes earlier, an enlargement and uneasiness of one or more lymphatic glands, in the groins, are perceivable. These tumors arise from the stimulus of the poison, which is endeavouring to pass, in considerable quantity, from the ulcerated part through these bodies; and perhaps, in some measure, from the irritable state of the chancres. In every case of venereal infection, those lymphatic glands which are the nearest, and have an immediate communication with the lymphatics of the ulcerated part, are first susceptible of disease. Thus when infection is received by a wound in the finger, the glands of the correspondent axilla are affected, as they also are after inoculation for the small pox. It sometimes, though rarely, happens that a beginning suppuration, resembling a bubo, will appear near the pubis, behind the root of the penis, from a chancre. In short, the chancre itself, and the natural course of the lymphatics from it, determine the situation of these tumors, and this system of vessels is the common channel by which infection is conveyed into the blood: and I am of opinion, that the absorp-

tion commences from the instant the poison touches a wound or denuded surface.

When the enlargement of the gland is perceptible to the touch, if the irritable state of all the parts is increased, either by external or internal stimulants, especially if the patient's habit is inflammable, it will frequently tend to a quick suppuration: but sometimes, in a course under confinement, it is not till after healing the chancre, by the action of the specific, that the tumor suppurates; and sometimes it will remain in an indolent state, till a plentiful diet with exercise, by invigorating and stimulating the whole system, have promoted the inflammation. Healing a chancre prematurely by sedatives, or other means, will often, by checking the discharge from a loaded lymphatic, leading from the ulcer to the groins, (which may be often felt tense like a chord) increase the enlargement and hasten suppuration. On the other hand, suffering the ulceration to heal by the general and gradual action of the medicine on the system, under that discharge which properly belongs to the sore, is one of the most certain ways of avoid-

ing the pain and inconvenience of suppuration, especially if, with other means, a mercurial or antiphlogistic purgative is occasionally interposed: I say a gradual action from mercury is necessary, because I have known a premature affection of the mouth, by healing the chancre in so short a space as a night's time, cause an immediate absorption of venereal matter, and a deposition of it in the inguinal glands, thus laying the foundation of a bubo without curing the disease. So that an increased power of absorption, though it is one of the effects attending a sore mouth, yet it is only one, and may take place when the medicine does not cure.

The suppuration is generally supposed to be in the body of the gland itself. But this I very much doubt, but suspect that the irritation and accumulation of venereal matter in the gland, enlarges and inflames its substance; from which an unconcocted, imperfectly-formed fluid is first thrown out or exsuded, which afterwards, by the increased heat of the part and inflammation, becomes concocted or pus-like. I am of this opinion, because the matter, if a bubo is suffered to suppurate fairly, is always found

immediately under the skin and exterior to the lymphatic glands; which glands are not, I apprehend, melted down with the contents of the abscess, but remain entire and almost in their natural state at the fundus of the cavity, unloaded by the previous exsudation: and it is for that reason, that they are not in general easily discoverable upon discharging the matter: but in a bubo that has been injudiciously treated, and irritated, the case is very different.

A gentleman having had a caustic applied to a bubo which was not fairly matured, the eschar, without being divided, was suffered to digest out; of course the matter was not immediately discharged; when the eschar separated, there remained a painful ill-digested sore with much hardness; notwithstanding the most judicious use of the specific under confinement, &c. the sore became daily more painful, and at length a single distinct gland arose from the bottom of the wound, which soon increased to the size of a walnut. Irritating applications of the caustic kind were used to destroy this diseased gland, to no good purpose; for it continued to



increase, and either from over distention, or from the action of the applications, its natural covering was in a short time destroyed, and the whole then put on the form of a large spongy fungus, which was so insensible as readily and without pain to bear the passage of a probe in all directions through it. The state of the parts gave me a fair opportunity of observing whether, in the neighbourhood of this single gland, there were not others, and I could clearly distinguish them, in a state of irritation, but still covered with their proper coats. The patient not being my own, I visited him only a few times, and saw no more of him; the fungus I afterwards understood was removed; the other lymphatic glands, which were still covered by their proper tunics (from what I have since seen in similar cases) I make no doubt subsided and granulated.

There is in this disease another much more troublesome kind of ulceration than the aphthous, which, for distinction sake, I must call the *livid* irritable chancre. It is, from the beginning, painful to the touch; instead of the aphthous it has a livid or somewhat blackish



huc, with a corroded kind of surface, and hollow ragged edges; it creeps on at a great rate, eating away and undermining the surrounding skin, irregularly, like a small spreading phægadenic sore; it is attended from the beginning with much more discharge than the preceding species, and that discharge seems to be highly acrimonious; the ulceration is very irritable, and I have known it produce phymosis, with excruciating pain, soon after the receipt of infection; a degree of pain which nothing but the immediate use of a powerful sedative to the part could allay, or prevent the speedy destruction of both glans and prepuce. From the quantity and acrimony of the discharge, as well as from the great irritability of the sore, not only general excoriation but bubo arise much sooner in this than in the preceding chancre; from which it is both in appearance and progress so very different, that I am inclined to think the venereal matter which produces the one is applied in a different way from the other. In the aphthous chancre, the poison is perhaps received by a very small wound or crack in the skin. In this, the matter is

perhaps taken up from an abraded surface of some considerable extent; which surface has suffered some degree of contusion in coitu: so that the quantity of matter, immediately absorbed in the one case, is small, in the other considerable. In short the two ways of receiving infection, and the early consequences arising from each, seem to differ as much as the Suttonian method of Inoculation differs from the old one, formerly practised: in which it was customary to apply a piece of infected cotton to the surface of a wound.

Having described the two most opposite and different kinds of chancre, I must observe that there are many intermediate states or varieties, in which, though the appearances of the two are somewhat blended, the venereal character is the same in all; and in general, so strongly marked that, they may be readily referred to one or other of the species just mentioned. Thus for example, if a chancre spreads superficially to some extent on the surface of the glans, with considerable discharge and tenderness, it may be

ranked with the irritable species: if it is circumscribed, with little discharge, yellowish, not very tender, but with great surrounding hardness or callosity, it may be classed with the aphthous kind, &c.

It would be an endless business to describe every variety; for as each variety, though differing somewhat as to progress and appearance, has the same specific character of being chancrous; so I apprehend a more minute distinction to be wholly unnecessary. The species I have just described, seems to me to differ from the aphthous, only in being more rapid in its natural progress, in being probably more infectious, and in proceeding with greater celerity towards a secondary state of symptoms.

Another form in which the disease appears as a first symptom, is that of a brownish kind of scab somewhat depressed, as if the parts were rotten beneath, with the margin of this scab separating from the sound skin. I cannot compare this kind of chancre to any thing so like as the crust covering a dead and stale periwinkle. This symptom is as

malignant, if not more so, than those already described. And every practitioner should attend to that kind of excavation observable in some chancres, which one of the most early writers compared to the cup of an acorn.

They should also be aware that the cellular texture of the glans, when once a breach has been formed on it, may also give a cup-like form—but this has neither the hue, thickened edge, hardened base, or crust of a true chancre, nor is it attended generally speaking, when uninflamed, with tenderness or enlargement of the lymphatic glands, which are for the most part the distinguishing marks of absorption of the poison into the system.

I was once extremely embarrassed by an appearance of this kind; a gentleman advanced in life, labouring under an angina pectoris, with a spitting of blood, hardly capable of going up stairs without panting for breath, had the appearances just described from a suspected connexion. The general state of his health was such as deterred me from the use of mercury—after waiting the progress of



this sore for between three and four months; during which time it did not increase, it finally healed, without bubo or secondary symptoms following. This may stand as one of the many instances that might be given of the great delicacy and difficulty of discriminating a true chancre, and shews the propriety of waiting patiently until time unfolds the nature of the sore.

To return to the progress of the aphthous chancre. In like manner as the inflammation on the arm of a person inoculated for the small pox, a little before the commencement of the eruptive symptoms, spreads; thus in *Lues Venerea*, though the chancre was originally small, and though it continued so for many days, perhaps for some weeks, yet when it once becomes painful, it increases very fast; and probably would continue increasing, in extent and depth, much more than it generally does, if the prevailing method of giving mercury did not, in some measure, retard its natural progress. Its tendency to spread seems to depend on the degree of irritation applied, on the date of the



disease, and on its proximity to the time of the natural eruption. The variolous poison generally brings on eruptive symptoms after inoculation, within ten days or a fortnight, but in Lues Venerea, nature does not perform this office in so short a space of time. For the infectious fluid is for months, and I have (as it will be hereafter shewn) known it years, circulating with the general mass, before it could produce that change in the system, which seems to be the necessary precursor to a venereal eruption. It is difficult to settle the precise time, at which this *symptom* would take place *naturally*, if the disease was left to itself. Gasper Torella tells us, that it appeared, in his time, about twenty-two days after the discovery of a chancre.\* That, here mentioned, I take to

\* De mense Augusto N. N. habuit rem cum muliere habente pudendagram, quare eâdem die ipse fuit eodem morbo infectus: quæ infectio incipit apparere in virgâ, ut solet ut plurimum aliis evenire. Nam sequente die apparuit ulcus in virgâ, cum quâdam duritie longâ tendente versus inguina, ad modum radii cum sorditie et virulentia. Post sex dies, ulcere semicurato, arreptus fuit intensissimis doloribus capitis, colli, spatularum, brachiorum, tibiarum &c.

have been of the livid, most irritable kind; and, from the eruption having appeared within twenty-two days, when the ulcer was half-healed, it is clear that the alteration produced in the latter was by a topic; which will, in some measure account for the rapid progress of the secondary symptoms: but I have never in practice seen any thing like this. The description of Fallopius\* comes much nearer the present progress of the disease. The specific power of mercury has ever appeared to me to procrastinate the time of the eruption; and the sudden cure of a chancre, by a sedative, to hasten it. I have known it break out within ten weeks, within three, four, and six months, when it has

costarum; et præsertim in eorum musculis cum maximis vigiliis; à quibus molestatur non nisi in nocte, post primum somnum. Elapsis postea sedecem diebus apparuerunt multæ pustulæ in capite, in facie, et collo, &c. Aphrodisiac, pag. 546.

\* Primo sunt pustulæ in universo corpore duræ et graves, in capite et barba; aliquando cum crusta, aliquando non; aliquando cum sanie, aliquando non; et sciatis non posse esse morbum nisi post sex, aut ad minus quatuor, mensium, quando hujusmodi symptomata pullulat. Qui (sc. morbus) incipit hyeme, producet crustas, principio ætatis; qui vere, æstumno, &c. Aphrodis, pag. 771.

clearly originated from a recent infection, in a constitution no ways previously tainted; and when I come to consider the more confirmed state of Lues Venerea under the second general head, instances will be adduced in which it appeared long after infection, thrown out by fever after the disease had remained for many years dormant. But such an eruption is somewhat different, and much more obstinate, than that we are now treating of. When I speak of a venereal eruption in general terms, my opinion is that no precise time can be given for its appearance: but when it is an early consequence of the primary class of symptoms I am now describing, which have been mismanaged, it generally shews itself within four months: but, as I have said, the power of mercury may in some instances produce a deviation from this course.

A venereal eruption is sometimes preceded by symptoms, which may, even in this disease, be called eruptive. They are for the most part relieved by the eruption, but do not always wholly subside on its appearance.

They are sometimes so slight as to pass with the patient for common rheumatic affections, but in some cases they are more violent. Pain and stiffness of the axillary lymphatic glands immediately precede the eruption of the small pox, but no similar affection of the inguinal lymphatic glands is observable before a venereal eruption.\* There is indeed a previous affection of these glands

\* Vigo, after describing a chancre which he calls a pustule, goes on to the other symptoms.

“ Quamobrem non ita hujusmodi pustulæ beneficio medicinali, intus et extra applicato, poterant a medico curari,  
“ ut non semper earum malitiâ totum corpus amplectaretur,  
“ cum ulceratione partium genitalium difficillimæ curationis  
“ et facilis recidivæ: quare, licet predictæ pustulæ deponantur,  
“ tamen etiam atque etiam solent recidivam facere: quare  
“ post earum sanationem quamprimum pustulæ crustosæ  
“ et interdum cum carnositate elevata ad modum verrucæ  
“ super frontem, caput, collum et faciem, brachia et tibias,  
“ et ferè per totum corpus diffusæ fuerunt: et usque in hodiernum diem hujusmodi morbus hunc ordinem servat.  
“ Similiter quoque interdum cum dictis pustulis, vel saltem  
“ post earum ortum, inde ad mensem cum dimidio vel circa  
“ patiens laboravit, doloribus clamosis interdum circa  
“ frontem, interdum in spatulis, et humeris et brachiis  
“ et aliquando in tibiis, coxis et auchis. Quibus doloribus  
“ aliquando multum post tempus, viz. post annum et ultra,  
“ ~~quædam~~ oriebantur schirrhositates ad instar ossium; a



generally before the eruption, but the eruption does not so suddenly follow such affection. A pale sunken cast of countenance, of which no words can convey an adequate idea; lassitude; wandering pains in the head, scapulæ, arms, fore arms, and legs, sometimes of the knees and ancles, precede the eruption. These pains are for the most part superficial, and by no means confined to the centre of the cylindrical bones; and they are sometimes felt in the day as well as in the night time. When not particularly severe in the night, which they more frequently are, they are generally attended with a want of rest, or a nightly inquietude. The excruciating boring pain which attacks the centre of the cylindrical bones in old poxes, and almost

“ quibus ægrotantes doloribus clamoris vexabantur præsertim tempore noctis, et sedabantur die. Pro quorum  
 “ sedatione anodynæ medicinæ à doctoribus commemoratæ  
 “ sedativæ doloris administratæ nullum affectum doloris  
 “ sedativum ægrotanti præstabant. Cujus doloris finis  
 “ ferè semper fuit, os, et almochatin corrumpere et vitiare  
 “ quemadmodum in ventositate spinæ accidit.” *Vigo lib. de Morbo Gallico.*



immediately produces a node, seems to be a very different species of pain from that I am now endeavouring to describe, which is superficial, erratic, and occupies the periosteum, the muscular, aponeurotic and ligamentous surfaces universally; (as has been already said) they are sometimes so trifling that the patient hardly notices them, and when they are not, they are incomparably less severe than the other species. The lassitude is not only observable in the day-time, when the patient is walking, or about his ordinary business, but is very remarkable upon rising in the morning, his sleep not having afforded him much refreshment. The pains are sometimes partial, sometimes general, occupying the pericranium only, or the periosteum of one or more bones. The more general the eruption the more remarkable is the remission from pain. When there are but few pustules on the skin in recent, as well as old confirmed cases, the pains will be sometimes particularly severe, and they will sometimes also be severe when they are the forerunners of a large crop of pustules. This proves the consent there is at



this period of the disease between the skin, the periosteum, muscular, and other surfaces. The eruption, like the pains, will be sometimes partial, and seen only on one particular part or limb. It appears frequently in the head among the hair, upon the breast or beard, upon this or that limb, but is generally dispersed over the whole body. So that now, superadded to one or more ulcers variously characterised on the part at which infection was originally received, there are a number of pustules on the skin, each of which, if the disease was left to itself, would in time be converted into a sore. From the continuance of the disease the poison has been so far blended, and as it were assimilated with the blood, that it has converted a portion of the animal fluids into matter, which is cast off from the general mass, and deposited on several surfaces of the body. Nor are the above the only surfaces on which matter is at this time thrown out; for the tonsils sometimes become ulcerated, and this ulceration is synchronous with the eruption, and is readily producible by repelling the latter when the disease is not cured. But whether other parts of the fauces;

viz. the gullet, tongue or membrana pituitaria narium have a similar propensity to disease at this time I cannot say, though I suspect that they have. And at this period the nervous power shews evident marks of being morbidly affected. During the whole progress of the primary symptoms, not the smallest disposition to metastasis is observable ; but when the eruption has once appeared, this circumstance never leaves the patient till he is perfectly cured. If any one secondary symptom is only palliated or removed, the disease itself not being cured, the removal of this symptom will, to a certainty, be sooner or later followed by some other. Thus, for example, a variety of medicines will damp a recent venereal eruption ; but the truce, for the most part does not last long. For an ulceration of the tonsils, venereal pains, or some other symptoms soon shew themselves ; and affections of the pericranium and periostium so soon follow the partial cure of venereal pustules on the skin, that we must generally date the origin of *nodes* from the eruption. It seems to be, in this case, a true translation of morbid mat-

ter from one surface to the other. But probably in the natural course of the disease; partly because the pustules, so long as they continue fully out, make a diversion from the internal surfaces; and partly because some time is requisite for the thickening and enlargement of the periosteum, the node is very seldom perceivable at the breaking out of the eruption, nor till some considerable time afterwards. However, though the node itself does not appear so early, yet I believe the disposition to it exists at that time; because there is a tendency in the disease to metastasis; and because the pustules may be repelled from the skin, and driven by mismanagement, immediately, on the internal surfaces. I am of opinion that not only in the infancy of a venereal eruption, but during the formation of the eruptive symptoms which precede it, there is a similar, though perhaps weaker, consent between the external and internal parts of the body. But at what precise time, if the disease was left wholly to *nature*, a nodous affection would shew itself, seems to be uncertain, and is to me unknown. Having seen a very virulent



venereal eruption continue on the skin for some months without any mark of an affection of the periosteum, except the usual eruptive symptoms which ceased on the breaking-out of the pustules, I am inclined to think that the formation of a node in the natural course of the disease must be considerably later. And this idea corresponds with the testimony of Vigo. *Vide* note last mentioned. The consideration, therefore, of nodes will come more properly under the next division of the work than under this. The reader will only be pleased to remember that the disposition to nodous affection is probably like the venereal sore throat, synchronous with the eruption; and though a node does not in general appear naturally with the latter, yet it may very readily be produced by repelling that eruption from the skin to the periosteum, which proves most clearly a consent between the two surfaces.

Though in this disease the eruptive symptoms for the most part remit or subside for a time, upon the breaking out of the pustules, yet the eruption is by no means critical, in the usual sense of the word. There is no tendency



in the pustules to scale off, they only crack and leave the honeycomb kind of scab; on the contrary, if left to themselves they would probably go right on, exulcerating the skin till they affected the bones themselves. At least such seems to have been the progress of the disease in the sixteenth century.\* I have called the appearances on the skin, denoting

\* “ Tandem, quod in majori parte inerat, ulcuscula  
 “ quædam circà pudenda oriebantur, iis non dissimilia, quæ  
 “ solent ex fatigatione contingere, quam, cariam vocant;  
 “ sed natura longè impar, nam hæc et emori contumax  
 “ erat, et victa una parte, alia regerminabat immortali  
 “ propagine. Post hæc crustosæ quædam pustulæ per cu-  
 “ tem erumpebant in quibusdam quidam à calvariâ inci-  
 “ pientes (quod ut plurimum erat) in quibusdam in aliis  
 “ locis parvæ primum eæ apparebant, mox augebantur  
 “ paulatim ad magnitudinem cooperculi glandis, et si-  
 “ militudinem etiam, iis non dissimiles quæ in pueris  
 “ achores vocantur. Differentiæ earum multæ visebantur,  
 “ quibusdam parvæ et sicciore quibusdam majores et pin-  
 “ guiores, nonnullis lividæ, aliis exalbidæ leviter pal-  
 “ lentes, aliis duriore et subrubentes. Omnes autem  
 “ paucis post diebus aperiiebantur, ac mucore quodam mu-  
 “ cilagineo fœtido manabant, nec dici potest quantus ille  
 “ mucor perpetuo affluebat, quanta sordities. Exulceratæ  
 “ deinde exedebant more eorum ulcerum quæ phagædenica  
 “ appellantur, atque interdum non solum carnes sed et ossa  
 “ etiam ipsa inficiebant.” Aphrodis. page 199. Fracastor.  
 De Morbo Gallico.

a venereal eruption pustules, but they are more generally known by the name of venereal blotches, which are said to be copper coloured, and they have indeed generally, from the beginning, more or less of this peculiar hue. When they first break out they may be very easily confounded with other descensions of the skin, from which they must be carefully distinguished. The pains which most frequently precede them, their colour and other circumstances, which need not be repeated in this place, will generally lead the practitioner right in this matter. But it must be noted that neither the copper hue nor the pains are constantly met with. Under these circumstances it requires no small share of sagacity to determine the true nature of the case. However, when they are more advanced and become (as Sydenham has expressed it) like a honeycomb, the diagnosis will be much more easy. But even here, without the utmost circumspection, the case may be mistaken. For there is an eruption, which without previous pains apes the venereal; like it, it appears in the beard, and among the hair, and in its advanced state has also the

honeycomb look. This eruption generally finishes its course in a few days, and by that circumstance alone it may be distinguished. Of venereal eruptions there are great variety, with respect to the number of pustules, their size and appearance, in their most early state they are generally copper coloured, at first scarcely elevated above the skin; but as they advance in age this elevation increases; they mature and contain diseased mucus or matter, and are sometimes filled with a kind of lymph, and I have seen them perfectly warty; but in general after breaking they have the crusty honeycomb appearance. Some true venereal eruptions have not the copper hue, but are red and florid, and this is frequently the case when the eruption comes on during, or immediately after, the free use of mercury. The blotches are generally large, but they are sometimes small, and not very unlike a common itch. In short, there is so much variety in this symptom that no description, however laboured, can give a just idea of it; and it can only be thoroughly known by frequent and careful inspection of those who are dis-

ceased: and to this I must therefore refer the reader.

Having traced the progress of Lues Venerea thus far, and shewn the true origin of nodes, which lead to an affection of the bones themselves: and taken the liberty of illustrating this progress by that of another infectious disease, which is certainly, as to its nature and character, very different from this, though there are some circumstances in which they resemble each other, I must beg leave to point out these circumstances more fully. In the small pox when the pustules have been thrown out on the skin, there is a corresponding number to be seen in the mouth, in the throat, and probably on other internal surfaces. When the disease is over, and an exsiccation of the pustules has taken place, a disposition to metastasis remains, the matter which was formed on the skin, is absorbed into the circulation, and is frequently again thrown out from the general mass on various parts, producing abscesses, which are sometimes superficial, sometimes deep seated, in the interstices of



muscles, in the cavities of joints, and even under the periosteum, rendering the subjacent bone carious. It is rather surprising that in two diseases so specifically different as the Lues Venerea and small pox undoubtedly are, there should be such a similarity of circumstances!

For some further observations on the venereal ulceration of the tonsils, the reader is referred to the secondary symptoms in the next division. I must, however, remind him that the tendency to this symptom, like the disposition to node, is synchronous with the eruption. In the case of node the periosteum becomes the seat of the metastasis: in the venereal sore throat the deposition is made on the surface of the tonsils.

#### CHANCROUS EXCORIATION.

In the foregoing enumeration of symptoms I have endeavoured to describe the livid, most irritable, species of chancre; and said that it might arise in consequence of the absorption of a quantity of venereal matter, from a surface that had been considerably abraded.



or wounded; that it became speedily painful; and that it was much more rapid in its progress than the aphthous chancre: but that both species produced general excoriation of the glands and prepuce, secondarily; that is, after these symptoms had, for a shorter or longer space of time, gone on spreading without this kind of subsequent affection. That the excoriation arising during the progress of these two symptoms is chancreous, there can be no doubt: but it may be asked, are there not other excoriations, affecting the same parts, which deserve the same appellation? Probably there are: And if they are not all referrible to the livid, spreading, most irritable species of chancre above-mentioned (of which there may be, perhaps, many intermediate shades or varieties) they probably originate from the admission, either of true chancreous, or of the gonorrhœal fluid, into the substance, or secretory parts, of the sebaceous glands themselves; when the surfaces of these glands have suffered an accidental abrasion.

But it is another question, whether the spongy, porous substance of the glans penis,

without any abrasion or previous breach in the skin, can absorb and retain a portion of venereal matter in its sebaceous glands, which shall first produce a syphilitic secretion, and afterwards an excoriation truly chancrous. That such an affection does sometimes take place is probable; but I believe the case, described by Sydenham, in which a discoloured matter is said to have oozed from the substance of the glans: and that, mentioned by Astruc, in which a similar kind of fluid was squeezed from the mucous cryptæ of the pudenda of a girl, were gonorrhœal. It does not appear that they were chancrous, in the strict sense of the word. And the point of most consequence to determine is, whether diseased mucus from such cases as these, or from the gonorrhœa virulenta will, upon its inoculation, actually produce chancre. If it will, there is probably not only a species of chancrous excoriation, arising from a primary affection of the sebaceous glands themselves, through their natural coverings; but whenever in gonorrhœa a metastasis takes place, from the urethra to the surface of the glans,

and that metastasis is attended with increased secretion and subsequent excoriation, that excoriation is also chancreous. - If such should be the results of the experiments above alluded to, the affinity between chancre and gonorrhœa, how much soever the immediate consequences of each may appear to differ, will be established beyond all contradiction. A variety of arguments might be drawn, both from the natural history of these two original symptoms, and from the usual methods of treating them, to prove, that this supposed affinity is doubtful, and that what seems to be the most prevalent opinion at this day; I mean the opinion, that the true virulent gonorrhœa is a singular modification of the old leaven, has been, and still is, universally believed, without clear and absolute proof. If these things are so, it is to experiment, and experiment only, that we must look up for a solution of the difficulty. And it were to be wished that, in a matter with which the well-being of thousands is involved, the legislature would give up a few condemned malefactors for the express purpose of prosecu-

ting this very interesting inquiry; an inquiry which, if properly conducted, must put both our theory and practice, in Lues Venerea, and gonorrhœa, on a firm, rational and immutable basis; and tend to some very important discoveries in the natural history of both diseases.

Chancrous excoriations should be carefully distinguished from other diseases of the same parts. Mere irritation from violent friction; the sebaceous matter of the glandulæ odoriferæ becoming acrid, from neglect, particularly in hot weather; scorbutic and scrophulous affections of the glans and prepuce, will frequently put on something of the appearance of a venereal excoriation, but a little time will generally shew their true nature. A chancrous excoriation, if the prepuce continues uninfamed, may be seen daily degenerating into ulceration. If a phymosis arises it may be known, by the violence and pain of the inflammation, by the colour of the discharge, which is most frequently of a greenish yellow; and sometimes, when sedatives are used, by the separation of sloughs.



of the same colour; by loaded lymphatics, which may be frequently felt, going from the exulcerations to the nearest lymphatic gland. They may be distinguished from excoriation, the consequence of gonorrhœa, when it affects the glans penis, by their wanting one of the characteristic symptoms of this disease, namely, the disposition to metastasis. And there is an appearance on the surface of these sores, as if they were covered superficially with half melted lard or tallow.

*BUBO, as a first Symptom.*

Having described the most general appearances, on the parts to which the venereal matter is directly applied, and the termination of these appearances in other symptoms, denoting a complete infection of the whole body; I have only one primary symptom more to mention, namely a bubo; when it arises alone, without any other precedent or attendant symptom, and without any apparent ulceration on the parts, which are usually in the first instance affected. Having already noted the circumstance, I have only to add, in this place, that the same general affection of the



system, the same venereal pains, eruption and attack on the periosteum, and other internal surfaces, may follow from this, as from chancre; even though the latter should never appear.

This species of bubo should be accurately distinguished from other indurations, and beginning suppurations of the inguinal lymphatic glands; from scrophulous and other causes. I particularly mention this, because an inattention to it may, very possibly, lead an incautious observer to treat a case as venereal, which really is not so; and, if he goes to work with mercury, he may thereby greatly injure his patient; even if he is so fortunate as to escape the greater danger, that of laying the foundation for a pulmonary consumption. It is often very difficult to distinguish the precise nature of this species of bubo. If the case is not clearly venereal, it is, I believe, much safer to wait the suppuration of the gland; or even to promote it by art, than to enter precipitately on mercury, or trust to the no less dangerous effects of repellents. Suppuration, in such an enlarged gland, can do no mischief, even in a consumptive habit, but dis-

persing it may. When a bubo comes on, as it most frequently does, after chancre, there can be no difficulty in forming a proper diagnostic.

It is by no means common, but I have lately met with a bubo arising from chancre, not in the groin corresponding to the chancre, but on the opposite side; a proof that the branches of the lymphatics, of the two sides, anastomose.

There is another misfortune, besides that already mentioned, to which all persons having naturally too tight a prepuce are liable. If by any accident, during the progress of a chancre, this part gets behind the glans, and cannot be brought forwards again, it occasions what has been called a paraphymosis, by the ligature it makes impeding the circulation. Hence pain, inflammation, swelling, and even mortification, may arise; and these circumstances will add greatly to the danger and malignity of a chancre. And this is another reason why persons who indulge in promiscuous venery should endeavour to counteract this natural conformation of the prepuce.

## SECONDARY SYMPTOMS.

I AM now come to the second general head or division of the natural history of Lues Venerea, in which I shall endeavour to describe a number of univocal symptoms of infection; but which, with respect to the time of their appearance, preserve no precise or regular order. They all of them originate from the common primordia of the disease, chancre, chancrous excoriation, or venereal bubo: when these symptoms have been imperfectly cured, by mercury, or other means. They may, in general, be reckoned late symptoms, and such as can arise, only, in consequence of Lues Venerea having taken deep root in the constitution. But, before I enter upon these interesting states of the disease, I must first consider certain appearances of the common primary symptoms, which are observable when these symptoms have been neglected or badly managed.

If there is a preternatural hardness, about the cicatrix of a chancre, it may be owing to the imperfect operation of mercury, simply; to the action of an astringent sedative; or to some application of the cathæretic kind. If this hardness is considerable, the tender skin will soon give way, and an ill-looking spreading sore, with much callosity about it, be the consequence. A chancre healing under the general operation of mercury alone, has no appearance of this sort. This kind of affection is a certain mark of infection suppressed, but not cured, and arises very frequently from the injudicious use of topics.

According to the date of the original infection, so is this secondary *ulceration* more or less obstinate. And the same may be said of many kinds of bubo, which have been neglected or ill-treated; and which; cannot without the utmost difficulty (though they are by no means strictly speaking of the phagedænic kind) be brought to heal. The fact is, that in both cases the disease is damped, but not cured; and though the operation of the specific may possibly keep off, for a time,



worse secondary symptoms, yet it hardly checks the progress of these local affections. In the alterative way I have sometimes seen chancres continue for months, seemingly at a stand, neither increasing nor healing. If a more liberal use of mercury, particularly under confinement, has been enjoined, these cases have soon been cured. But when an alterative course has been persevered in, and a great quantity of mercury used, without producing any of the changes which mark the decisive effects of the medicine on the disease, and such chancres have been dried up by a topic; a venereal eruption, or some other secondary symptom has generally followed; and that within a very short space of time.

#### VERRUCÆ.

Under this name I comprehend not those appearances only, which resemble common warts, and give no discharge; but the red, moist, fungous, and also the spongy, irregularly-formed kind of excrescence: which last has had various appellations, as *cristæ*, *condylomata*, &c. Those, which appear about the

glans or prepuce in men, or on the pudenda of women, are generally the remains of chancres, or chancrous excoriation, imperfectly cured. With respect to verrucæ of the first kind, when there are only one or two of them; small in size, of a roundish, smooth, regular figure, dry, and of the natural colour of the skin, and appearing without any other symptom, it is very possible that they may not be venereal. For it is certain that verrucæ, of this sort, do sometimes arise near the verge of the anus, in persons who have never had the smallest venereal taint. But as I have never observed any species of wart on the glans, or prepuce, of those who having been married for the greatest number of years, have never indulged in promiscuous venery; and, as those of the first kind do happen, very frequently, to many who have been treated for the disease, (and probably arise on parts which have been previously affected with chancre or chancrous excoriation) they are certainly suspicious circumstances; and as such should be attended to, when they are not local affections merely; remaining after a full and fair course of mercury, that has actu-

ally cured the disease. But the precise nature of this, or indeed of most other species of warts, can seldom be ascertained, without a minute attention to former symptoms, and to the methods taken to remove them.

When they are large, irregular in figure, or numerous, they are generally venereal; unless they remain, (which they frequently do) after a fair mercurial course. In this case, infection and disease are out of the question; they are indeed the consequence of both, but they are now become mere local affections, of parts whose natural structure is left injured; to recover which a separate, and very different treatment from a mercurial one, becomes necessary. But when this species is not so circumstanced, and shews itself either with, or without other symptoms, it is generally speaking venereal; and I suspect, even though such verrucæ may seem to be dry, and without discharge, that they are sometimes capable of giving infection. The red, moist fungus-like excrescence, which sometimes appears behind the corona glandis or near the frænum, is, I believe, as capable of communicating disease,



as a common chancre; of which it seems to be the immediate relick. It is sometimes the only symptom of disease, but it may be combined with others, and I once met with it combined with a corresponding sore, within the verge of the anus. A few years ago I was desired to see a gentleman, who supposed himself infected, but the date of the infection he could not ascertain. I found a red, spongy, fungus-like excrescence close to the frænum on one side, with little discharge from it. Upon further enquiry I discovered a very large superficial sore, spreading from the verge of the anus, farther than I could see, within the membrana interna of the rectum. The wart gave but little uneasiness, but this sore was so exquisitely painful that he had been totally deprived of sleep for many nights and days, and now could only bear to have it examined in the most guarded manner. I tried a variety of applications, whilst I was introducing mercury into the system, under confinement, but could neither make his mouth tender, ease his pain, nor heal the ulceration; and after the fairest, external as well as internal use of mercury for



three weeks : I could not perceive any signs of amendment, nor the smallest alteration in his general state, save a trifling degree of emaciation. He had been rubbing in, for the whole of this period, and was now taking calomel gr. ij omni nocte, and using ung. merc. fort. 3 ij omni nocte. I ordered in addition merc. crud. gr. xx, (bals. sulph. ext.) omni nocte, for five nights ; and it was my intention that he should have gone on, in this way, for some time longer. But, mistaking my directions for the fifth night, he took forty grains of crude mercury at night, and four grains of calomel in the morning, besides rubbing in as usual. His bowels then became mercurially affected, with the languor, foetor and usual symptoms of putrefaction ; upon the coming on of which, the pain, and tenderness in ano, ceased to disturb him. However the sore, though evidently mending, was not healed, and the excrescence seemed but little altered. Therefore finding, on the third day from the commencement of the mercurial effects, that it remained nearly in statu quo, I destroyed it with the lunar caustic. On the next day, there was no vestige

of it left, and the sore in ano was perfectly healed. From the moment his bowels became affected they were kept quiet with confect. opiat. and he discontinued mercury from that time. His mouth was very slightly touched, and all the effects of the medicine went off in a few days. This is some years back, since which time he has had, from fresh infection, a number of recent chancres, which yielded, under confinement, with the utmost ease, to a moderate quantity of mercury, and the slightest effects from the medicine; and he enjoys, at this moment, perfect health. I am strongly of opinion that the sore in ano had, in this case, a connection with the excrescence near the frænum, and that it was originally propagated from that part; whether by means of a lymphatic, or in what other way, I cannot say. But, be that as it may, the one seemed to depend evidently upon the other; and I believe that the verge of the anus is one of those parts, on which the venereal poison, in the ordinary progress of the disease, is apt to fix, either by a direct communication with the chancre, at which infection is originally received; or with-

out it, in consequence of a deposition of venereal mischief here, when the disease has subsisted a considerable time, and acquired the tendency to metastasis. And it is in this last way, I apprehend, that the large venereal excrescences of the anus arise. *Vide Anomalous Symptoms.*

With the metastases that occur in gonorrhœa we have at present nothing to do; but are to endeavour to describe, in this place, those which originate from clear and undoubted venereal infection. During the progress of the common primary symptoms of Lues, viz. chancre, chancrous excoriation, or venereal bubo; not even the slightest disposition to metastasis is observable: as yet the disease has not affected the nervous power generally; nor reached, what I have called, its state or acmè. But when once it has affected the skin, or other mucous surfaces, then this tendency to metastasis arises. In the foregoing division of the natural history, the primary symptoms were traced till they terminated in an eruption and affection of the mucous surfaces. But it very frequently



happens that the disease goes on, producing other symptoms of lues, without an intermediate eruption. A chancre we will suppose has been healed, without the disease, of which it was an appendage, having been cured; though the specific has so far acted as to prevent all appearance of infection for a length of time. The patient, when he supposes himself well, is suddenly alarmed with an excrescence about the anus, with venereal pains, a node, ophthalmia, a venereal sarcocele or some other secondary symptom; each of which may shew itself singly, without any attendant; but they are frequently combined. Thus, an excrescence of the anus may come on with venereal pains; the latter with a late eruption; a venereal sarcocele, with an eruption; ophthalmia, with crusty pustules on the scalp, or with a node, &c. I have ranked these symptoms under this division of the work, because, whether they appear singly or in combination, they are evidently parts of the same general disease; repressed by mercury. And, though the specific power of the latter may have been sufficient to



prevent the regular progress of the original symptoms, into an eruption, yet the fomes morbi, still remaining, like a smothered spark concealed in the habit, in process of time acquires the syphilitic energy; and is then deposited on this or that particular part. It is uncertain where it will fix; it may be on the external surface of the body, on which it may produce blotches, or painful spreading sores. It may be the periosteum of any one or more bones, producing nodes. On the transparent cornea of the eye, producing a venereal ophthalmia; on the membrane of the nose, producing ozæna; on the posterior part of the œsophagus, producing ulceration there; or the aponeurotic surfaces of muscles, producing gummata, or deep-seated sloughs, &c. Whenever the disease shews itself in any of these forms, its true nature can never be mistaken. These are not only secondary symptoms, of a confirmed lues, but of a disease of the very worst kind; and they are proportionably difficult of cure.

#### ULCERATIONS of the TONSILS.

These arise, sometimes, long after the ori-

ginal infection; and unaccompanied by any other symptom; generally somewhat earlier than the other secondary effects of the disease; to be hereafter described. But sometimes they appear in combination with a venereal eruption, &c. A gentleman, some months after a supposed cure of a chancre, complained of pains in his feet, hands, elbows, and shoulders, with constant sickness and inclination to retch: these symptoms lasted some days, and then an eruption appeared on his breast. The general symptoms continued notwithstanding, and the eruption had not much of the usual appearance of a venereal one. In this situation he took an emetic, and other medicines to encourage perspiration. The general symptoms were thereby relieved, and the eruption disappeared. But, within a fortnight from that time, he complained of a sore throat, which proved to be a venereal ulceration of both tonsils. The eruption never appeared again on the breast, but two or three pustules broke out on the head among the hair, and one on the face.—The ulcers are at first, not very

unlike the aphthæ of children; but by degrees the diseased appearance increases, and the sores spread both in depth and width, with more or less rapidity according to predisponent circumstances, destroying the substance of the tonsils themselves. During the progress of the ulceration, the other parts of the gland seem often to be but little affected: but they are sometimes enlarged, indurated, and even horny. They may be distinguished from the putrid species of sore throat with the utmost ease; the latter being accompanied with symptoms of general indisposition; quick, febrile pulse, languor, depression of strength, anxiety about the precordia, &c. no one of which symptoms ever attends a venereal sore throat. But it is not so easily distinguished from some scrophulous affections of the same glands. However, a minute attention to the progress of the symptoms and aspect of the two species, will generally enable the practitioner to discriminate them. They must also be distinguished from mercurial affections of the tonsils, arising from cold taken, during the free use of

mercury, in the alterative way. There is a peculiar degree of foetor of the breath in the latter case, with a general disposition of the salivary glands to increased secretion; which are never met with in the pure, unmixed, venereal ulceration.

During a mercurial course *improperly conducted*, I have much too often seen, considerable effects from mercury, without a corresponding operation on the disease. This makes a case truly critical under such circumstances, the disease may go on with its ravages, notwithstanding the use of mercury—a situation highly distressing to the patient, and embarrassing to the surgeon. And this happens much more frequently in alterative courses than under confinement.

### VENEREAL SORES

Arising on any part of the surface of the body, may in general be distinguished from all others by their spreading irregularly, by sloughiness, and by the appearance of their edges. And, where they are affections of the true skin, by the exquisite degree of ten-



derness which often accompanies them: this tenderness is sometimes so great as to distort every feature of the patient's countenance, when he is dressed, though the sores are touched in the most careful manner.

The posterior part of the œsophagus, the tongue and velum pendulum palati, are sometimes attacked with venereal ulceration; and they sometimes appear singly, without any other symptom of lues; but most frequently in combination.

It is often difficult to discriminate a large ulceration of the tongue from one of the cancerous kind. If any previous symptoms of Lues, though they may have been of a very old date, even some years back, when joined with the appearance of the sore, should induce the practitioner to suspect the case to be venereal; he will certainly determine on that side, where the greatest probability of success from medicine lies; and, in a doubtful matter, knowing that a cancerous sore is incurable, he will watch the effect of mercurials before he absolutely settles the diagnosis: and if under these the symptom

mends; though it be not cured, he may in general be assured that the case is venereal; and that he only need push the medicine to the utmost to effect a perfect cure. I have seen two remarkable cases, one of an ulceration of the tongue, another of an ulceration of the cheek spreading towards one corner of the mouth, both of which were said to be cancerous; but which yielded to salivation: though a previous less powerful effect from mercury had in both instances failed.

### VENEREAL OPHTHALMIA.

It is almost as difficult to convey an adequate idea of a true venereal ophthalmia, by words, as it is to describe the various forms under which a venereal eruption shews itself. It may however be generally known by a peculiar fullness, redness, and slight turgescence of the vessels of the tunica conjunctiva and cornea, with a want of lustre and clearness in the latter. The edge or circle, formed by the junction of the conjunctiva and cornea, appears

thickened, and of an ash colour slightly tinted with red ; which appearances are strongest and most conspicuous on the inner part of the circle, towards the cornea ; more faint on the outer part toward the conjunctiva ; in which they are imperceptibly lost. It is sometimes so painful as not to bear the stimulus of light, but most frequently otherwise ; and this last species is more dangerous than the first, not because its progress is so rapid, for it seldom is ; but because when a patient suffers but little pain from light he is apt to treat the disease with inattention ; by which the proper time for removing it is too often lost. In two instances, of a neglect of this kind, I have known incurable blindness follow, though the inflammation was at length removed ; but not sufficiently early to prevent such an unfortunate consequence. In this inflammation there is not a moment to be lost, it should be relieved as soon as possible, by the most powerful and decisive remedies ; and if it is not, it will most frequently do irreparable injury.

The venereal ophthalmia is most likely to be confounded with that arising from scrophula,

to which it bears a very strong resemblance. In persons not scrophulous it may in general be distinguished by the want of that inflamed appearance of the ciliary glands, which often attends habits of this kind ; by the absence of other scrophulous symptoms ; and by its having been lately, or at a former period, (though perhaps a considerable time back) preceded by some one or more primary or secondary syphilitic symptoms. The metastasis which gives rise to this species of ophthalmia is venereal, in every sense of the word, and has the same common character with that which gives rise to other secondary symptoms : it must not therefore be confounded with that ophthalmia, which is said by Van Swieten and others, sometimes to attack the eye, in a gonorrhœa virulenta.

### VENEREAL SARCOCELE.

This symptom may be an indolent enlargement of the epididymis or of the body of the testicle, but most frequently both these parts are so blended together, in this venereal affection, as to form seemingly one and the same



general tumor. It is distinguishable from the hernia humoralis, in gonorrhœa, by its indolence, want of inflammation, by its coming on after the usual primary symptoms of the Lues Venerea, at a late period ; and by its not having been lately preceded by any of the symptoms of a clap.

It may be easily mistaken for an indolent scirrhus. When the affection of the testicle is the only symptom, the discrimination is sometimes so difficult, that nothing, but its giving way or proving rebellious to a full and fair operation from mercury, can decide the matter ; and nothing, short of the same operation, can point out the difference between it and the worst species of hæmatocele ; namely, that in which there is a grumous dissolution of the whole body of the testicle, under the albuginea.\* It is generally found with some

\* A gentleman from the West Indies was, some years back, under my care for a large indolent enlargement of one testicle, and the epididymis seemed to be comprehended in the general tumor. There was no reason to suspect a cancerous disposition in the habit, but great reason to suppose that his present complaint was venereal. Upon that presumption I recommended a mercurial course, under con-

other venereal symptom, as eruption, venereal pains, node, &c. unless when the metastasis attacks both testicles; in which case it sometimes occurs without any other venereal symptom.

### RHAGADES

Are either moist or dry, hard, scaly excoriations of the clefts in the palms of the hands; and sometimes of the soles of the feet: they are generally attended with other symptoms, clearly venereal, but not constantly. They appear with the copper-coloured hue, and are frequently blended with small venereal blotches; they are seldom stationary, but come and go, till some other, more considerable, symptom takes the lead; in which case they sometimes disappear entirely.

finement. The medicine was fairly urged to the proper point; but it produced no alteration in the state of the tumor. Having suffered the effects of the mercury to subside, I proposed the removal of that testicle, to which he submitted, and obtained thereby a cure. Upon examining the testicle after removal, the disease appeared to be that species of hæmatocele, which is spoken of in the text.

I know of no disease, with which this symptom can be confounded, but a species of leprosy, which sometimes attacks the same parts: the venereal affection is strongly marked with the copper hue, the leprous is not. The latter is a large, thick, white, hardened kind of crust; the venereal, though somewhat scurfy, is not so dry, is yellowish, and more like a common fissure or chap of the skin.

### ERUPTION *and* NODES.

In the former part of the natural history, I endeavoured to describe the symptoms which generally ushered in a recent venereal eruption: and, after considering the eruption itself, I noted the consent between the skin and internal surfaces, and shewed in what manner the disposition to a nodous affection commenced with the preliminary or attendant symptoms. The eruption itself and the nodous affection I am now to consider, when they appear at a later period. This period is arbitrary: it may be within six, seven, eight, ten or more months, or at the distance of as many years from the original receipt of infection. As in

other cases of secondary symptoms, so in these, the fomes morbi having acquired, by time, a superior degree of acrimony or exaltation, at length completes its fermentation ; and having gained sufficient strength to manifest its true nature, a venereal eruption or node, with their usual concomitants, are the consequences. These symptoms may also appear either singly or in combination. Thus the same person who has venereal blotches, may have also a node or two, an ophthalmia, &c. or he may have only a node, or an eruption, and so on. But, be the symptom what it may, the attack is for the most part unexpected and sudden ; the patient himself, from the length of time which has elapsed since his supposed cure, having no suspicion of latent venereal mischief : and the progress of such a symptom is generally rapid. Thus, if an eruption takes place, it is often a considerable one ; and the pains, which precede it, are not only violent, but, if the eruption is small, they continue with little abatement ; notwithstanding the diversion made towards the skin by the pustules : and, in such a case, the inclination towards a nodous affection



is strong, and predominates over the eruption. If a node is actually forming, the fixed pain, which leads to it, is almost insupportable; and often speedily terminates in an affection of the subjacent bone.

With respect to the pains, which generally precede a late venereal eruption, they very much resemble those of the foregoing division. But in proportion to the length of time elapsed since the original infection, and to the predisposition in the patient's habit, so are they more or less violent. They are felt in the pericranium, scapulæ, humeri, bones of the fore-arms, thigh bones, tibiæ, and fibulæ, in the knees, sometimes in the ribs, and also in the ankle joints, shooting through them from within outwards; like the eruptive symptoms formerly mentioned, they are at first superficial and wandering, attacking alternately the joints, the periosteum, or muscular parts of different limbs. They are evidently worse at night, and according to the date of the disease and continuance of the pains, so is this nocturnal exacerbation more or less remarkable. If a large number of pustules break out the pains

generally subside, (unless a nodous affection is actually formed on some particular bone;) but if this eruption is checked, and the disease not cured, then the pains return with more violence than ever: they soon become fixed to the periosteum of particular bones, and nodes arise in consequence. It is probable that the pains, the eruption, and nodous affection of the periosteum, would follow each other in the order I have placed them, if the disease was left entirely to nature. Thus the pains would subside for a time upon the complete eruption; the pustules would continue for some weeks, or perhaps months, on the skin, gradually undergoing a kind of maturation, and when the disease had in some measure spent itself on the skin; then, and not till then, the affection of the periosteum would take place. But, if mercury or other means are used, in an insufficient manner, to cure the disease, then this natural order is immediately changed. The venereal poison being repelled from the skin, cannot remain long in a dormant state, either in the blood or attached to the nervous power: and, if it produces no other secondary symptom, the

next stage of the disease to an eruption is the nodous affection, and this, therefore, generally follows.

In an early venereal eruption, we have said, there always exists the disposition to node, though the latter does not appear: but in a late eruption this disposition is probably much stronger; because there is a regular gradation in the symptoms of the disease: and the older its date, the nearer is it in approach to that stage in which a node would naturally arise. Perhaps one reason why a node, when it breaks out some years after the original infection, is the only symptom, may be, because the time, or natural period, at which a venereal eruption, a sore throat, or other more early secondary symptom would have come on, is past and over. The same, I apprehend, may sometimes be said of an ozæna, and venereal affection of the bones themselves. In this way the disease sometimes skips over or avoids the more early secondary symptoms, and shews itself at a very late period, after the original infection, by one of an older date. It has been remarked that when there were but few pustules on the sur-

face, the venereal pains were often uncommonly severe: I have observed this, particularly in old poxes, and in cases where one would, from the length of time elapsed since the original infection, rather have expected to find nodes or gummata than an eruption.

In one case, I remember, a very considerable venereal eruption was thrown out, seemingly by that increased circulation which attends an ordinary abscess, many years after the infection from which the eruption took its rise; the intermediate symptoms having been pains, and a venereal ophthalmia.

In another case, a number of painful nodes appeared, nearly in the same manner as the foregoing eruption, the patient having been many years infected, without knowing his real situation. A fever, whose cause I could not precisely ascertain, probably by increasing the circulation, put the venereal matter into action: a deposit was made on each tibia, and a number of very painful nodes were the consequence. But there was no intermediate eruption, nor any other remarkable symptoms, from the original chancre to the rise of the nodes, though the period was six years.



Vigo says, that the pains sometimes arose with the eruption, or at least six weeks after its appearance; from which pains, sometimes a long time after, viz. after a year or more, certain scirrhus kind of hardnesses, like bone, would come on; from which the sick were tormented with pains that made them cry out, particularly in the night; but which were relieved in the day time. And he adds —“ *Cujus doloris finis ferè semper fuit os et almochatin\* corrumpere; et vitiare, quem- admodum in ventositate spinæ accidit.*” This author was in the habit of employing mercury, and therefore his observations do not enable us to ascertain what was the natural progress of the disease in the formation of nodes. Those who wrote anterior to him have not (as far as I have been able to examine) mentioned the symptom. It is there-

\* This word Vigo had probably from the Arabians. Our countryman Gale, who translated Vigo into English in 1586, says “that the barbarous writers called the nether bones of the head by this name.” Notwithstanding this explanation, it is possible this word may mean the diploe, or medullary parts of any bone. If Gale’s translation be admitted, it may mean not only a deep caries of the os frontis, but a corona veneris.

fore difficult to say what the natural rise and progress of it was. As I have never seen it myself, but after the unsuccessful use of mercury for other symptoms, I have ventured elsewhere an opinion that it is probably modified, as we now see it, by this remedy. That it is one of the symptoms of the disease is certain, but its present progress is not, I believe, precisely what it was before the use of mercury, and consequently its course at this day cannot be perfectly natural. It will appear, when we come to treat of the anomalous symptoms, that, in a very particular case in which pains came on after a venereal eruption, the eruptive symptoms, which were slight, arose before the breaking out of the pustules and then subsided: but that the pains, which more evidently shewed an affection of the periosteum, came on at the distance of six months from the receipt of infection, and three months from the eruption. But here perhaps the first doses of mercury might have so modified the eruptive symptoms, as to make them slight; and the subsequent treatment might have so changed the natural course of the disease, as to pro-

duce an affection of the periosteum, at a period later than natural. The early, as well as some respectable modern, writers inform us, that the pains sometimes preceded the eruption, that they sometimes came on with it, and sometimes followed it.\* This variation, I apprehend, depends on the date of the disease, and the effects which the unsuccessful operation of the remedy has had on it. The time of the appearance of nodes, as well as of eruption, must therefore vary in different cases exceedingly, and admits of great latitude. It may be within a few months, or at the distance of several years, from the original infection. It has been remarked that nodes usually break out in the centre, or nearly the centre of the larger cylindrical bones; but they are by no means confined, either to those parts, or to such bones: for

\* “ Præter prædicta omnia, quasi parva illa forent, ingentes lacertorum dolores accedebant, sæpe cum ipsis pustulis, interdum ante, nonnunquam post, et ipsi quidem diuturni; quibus nihil crudelius aderat: affligebant præcipue noctu, dolor autem non proprie in juncturis inerat sed circa lacertos ipsos et nervos. Verum quibusdam nihilominus, sine dolore ullo oriebantur pustulæ; quibusdam, sine pustulis dolores; major pars utrisque affligebatur.” Aphrodisiac, Fracastor de Morbo Gallico, 173.

they do very frequently arise on different parts of the cranium, both on its outer and inner surfaces, on the fibulæ near their lower extremities, on the tibiæ near their upper extremities, on the ulnæ near the wrists, or near the olecranon, &c. And I believe that the venereal affection, which sometimes destroys the ossa palati and vomer with caries, is a species of pustule or node by which the immediate covering to these bones becomes either thickened or exulcerated, and that the caries, which destroys their substance, is a secondary effect, produced from the diseased covering, and taking place in consequence of the structure of these bones, being too delicate to admit of exfoliation.

During the formation of the *early* eruptive symptoms I have supposed that there is always a disposition to node, which becomes stronger at, and after the eruption; and that it increases with the age of the pustules. When these symptoms, viz. the eruptive, prevail, the pains are wandering, and diffused over different surfaces; but when the pustules appear, they subside, either wholly or partially, and there is an interval of ease,



or at least a remission. If the disease is suffered to run on, without a check, and in its natural course this interval cannot be a long one; though it may continue for weeks or even months; for pains will come on, afterwards, as it were *de novo*, of the same general character with the eruptive symptoms, new modeled however, by the continuance and length of the disease; and these, after tormenting the patient for some time, become at length fixed, and end in nodes.

The symptoms preceding a *late* eruption are very similar to those of an early one; and there is sometimes the same kind of interval, or remission, when there is a large crop of pustules. But where the number is small, the tendency to node, from the long continuance of the disease, being often stronger than the tendency to eruption, the metastasis makes its ravages principally on the internal surfaces, the centre of one or more bones of the cranium; or long bones, become the seat of the pains; which are of the tensive boring kind, exceedingly acute; accompanied with tenderness, during the paroxysms; often trifling by day, but excruciating during the

fore and middle parts of the night : and when the tibiæ are affected, there is sometimes a sense of weariness, and great uneasiness on walking to any considerable distance. In this manner the pains may continue for some time, without producing any perceptible local injury. And in this case, the interval, if mercury has been used, is sometimes a long one ; of the duration even of years : the patient, in the mean while, enjoying a tolerable state of health ; or feeling at times what he supposes a common rheumatism. The pains, however, either suddenly when no venereal injury has been suspected, or gradually when it has, become fixed to particular parts of the bones.

When fixed they manifest their immediate effects in two ways ; and the subsequent affection of the membrane is either diffused or circumscribed,

In the first case, the pain, when it attacks the periosteum of a long cylindrical bone, often extends from one end of it to the other ; and seems as if bounded by the epiphysis only. To such an extent of pain there is a tenderness, which is soon followed (if not timely remedied)

by a puffiness of the periosteum, retaining the impression of the finger; which puffiness terminates, in some cases, by a sloughing of the membrane, and sometimes not. This species of node has, by one of the early writers, been said to be gummatous, or soft, in contradistinction to the circumscribed node, which was said to be tophaceous, or hard.

The hard circumscribed node is the most common; the nodous affection generally begins with this appearance, and if it continues any considerable length of time, frequently extends itself all along the surface of the bone, to the extent of some inches: and if the disease is situated on the tibia, in a direction towards the upper extremity or head of that bone; to which extent, there is first a tenderness, and afterwards a puffiness resembling the gummatous species.

Most frequently the disease is confined to the periosteum; and upon the introduction of a proper quantity of mercury, in a proper manner, the tenderness, pain and puffiness of the one species; the pain, hardness, elevation and circumscribed appearance of the other, go off



entirely. But in the last species it sometimes happens, that though the fairest and most judicious use of the remedy may have been adopted, and though the pain and other concomitant venereal symptoms may have ceased, yet the elevation still continues and seems to have acquired the solidity of bone. This I call an exostosis; it was, no doubt originally a venereal affection of the nodous kind, perhaps of the periosteum only; but which, by the long continuance of the disease, or by the concurrent operation of circumstances to me unknown, is become at length an affection of the bone itself. And the distinction I would make between node and exostosis is this, that the one is a venereal affection of the periosteum covering the bone; the other an excrescence, or expansion of the bony plates themselves; proceeding, however, from a previous nodous affection of the periosteum, and the long continuance of the disease. When a collection of venereal matter has continued long on the surface of any bone, it gradually insinuates itself into its very substance. Thus from the surface it may extend to the diploe;



thence to the inner table of the cranium; and from the outer to the inner, cancellous parts of such a bone as the tibia, &c. and in this way render the bones of each part completely carious. A venereal node, wherever situated, may be always known by the nature of the pain, preceding or attending its formation; like some other venereal pains, it is sometimes felt by day as well as by night: but the violence of the paroxysm (if I may be allowed that expression) lasts principally during the fore or middle parts of the night. However it is at other times more completely nocturnal; the patient either feeling no pain by day, or such a slight degree of it as is disregarded. We have instances of the first kind of pain, during the rise of a considerable node, whilst the membrane is in the act of elevation, and kept upon the stretch by irritation: and of the second, when the node, after having passed its inflammatory stage, has become puffy and proceeded to a kind of imperfect suppuration.

Not only by the pain, and other concomitant or preceding venereal symptoms, may

the hard, circumscribed node of the tibia be generally discriminated, but by two other circumstances also: the one is a kind of hardened chord, which is sometimes to be felt going in a transverse direction from behind the outer edge of the tibia towards the tibialis anticus muscle; which, when present, is a certain indication that the node is venereal. It must be however remembered that this kind of chord does not always disappear entirely, upon the disease being cured. The other circumstance is the firmness of the tumor, or its want of mobility over the surface of the periosteum.

The various forms, under which this symptom sometimes appears, are very remarkable. It is impossible to describe every variety. But a few more instances will make the diagnosis more clearly understood, and throw some further light on the natural history of the disease.

A gentleman who had had a violent bilious complaint in Bengal, was reduced almost to death's door: formerly he had had venereal symptoms, of which he believed himself

cured; and the only suspicious ones he had, previous to this bilious affection, and whilst he was in that country, were ulcerations of the tongue, excoriations behind the ears and between the toes, about the anus, and on the prepuce with some degree of phymosis. He was reduced so much, by the bilious discharges, that he could no longer receive nourishment by the mouth, but was kept alive by the bark, and nourishment given per anum. In this weak state, by the assistance of a servant, within the space of thirty-five days as many doses of mercury were introduced into the habit, in the way of friction. During the last six days an attempt was made to give the medicine by the mouth, but it irritated so much that he was obliged to leave it off: the frictions produced redness of the gums, but neither spitting nor tumefaction of the salivary glands: under this course however he gained strength; and whether the ulcerations and excoriations were simply the effects of acrimony, in a hot climate, or of the disease: the fact was that, at the expiration of the course, they were



healed. But in little more than a fortnight a swelling arose in the left groin, he then entered on a second course, and used frictions again for thirty days; the bubo suppurated and healed; the mouth was not by this course at all affected, but the perspiration was increased. After this, he embarked for England, had sea sickness, followed by a considerable flux of saliva, but without ulceration, or the usual concomitants of salivation. He was five months on the voyage, during this period the bilious complaint frequently troubled him; his bowels being sometimes lax, sometimes costive; and in this state, greatly emaciated and debilitated, he reached England. He was advised to go to Bath and to Bristol; from the latter he received no benefit, and the former increased his weakness, and gave him violent cramps in the calves of his legs; his bilious complaint still continuing. From Bristol he embarked for Ireland, eight months after he had left India: he was shipwrecked on the coast of Wales: and was, in consequence of this, very much exposed to cold: his bilious complaint became worse, but by medical assistance he was again



relieved and gained strength, although by no means his former state of health. In this situation, after walking to a considerable distance on the preceding day, he was suddenly seized, in the night, with excruciating pains along the shin bones; which continued day and night for more than a week. When the violence of the pain, and what he conceived to be inflammation, abated, a lump or node came upon each tibia, to which emmercur. was applied: after this, the nodes became more painful, and a kind of suppuration took place within them, which broke externally. At the time he came to me, which was some months afterwards, the nodes were somewhat fallen from what they had been; there was an opening in each leading to a thickened periosteum, and on one of the legs the membrane, for some inches above the node and towards the knee, was doughy and diseased, and felt as if it had, in that part, sloughed and produced a cavity in the bone. Confinement and a mercurial course, continued for seven weeks, cured him without supervening or attendant exfoliation; and without the disagreeable necessity

of laying the bones bare: he recovered his strength surprisingly fast, had no return of any bilious attacks; and, at this time, enjoys perfect health.\*

Another person, who had been married six years, and had a healthy child of three years old, consulted me, twenty years ago, for a tenderness and pain, which he had felt for many months on the left temporal bone; upon examining it there was no discolouration, no tumor, nor external opening; but for the size of a shilling there was a doughy, irregular kind of feel, as if the bone had been depressed, or had mouldered away, in that particular spot: it was at all times tender, and he felt a slight degree of pain in the day-time, but it was most painful at night: he had no other symptom whatever. Upon the presumption that his case was venereal, I confined him closely to his chamber, and salivated him; the mercurial process went on very kindly; and I had no occasion to do any thing locally to the symptom; the ten-

\* Since writing the above, he has not only remained well, but been the father of several children.

derness, the pain, and uncommon feel went off, and at the expiration of two and twenty days he was well. I had an opportunity of seeing him some years afterwards in perfect health. This patient dated the commencement of infection before his marriage, so that the disease was of more than six years standing, and the original symptom, to which he attributed the affection of the head, was a chancre.

When the disease has remained in the habit for a considerable length of time, more especially if a venereal eruption has preceded, the symptoms which arise may be wholly confined to the periosteum and bones. Sometimes little distinct elevations may be felt on different parts of the cranium, and also on other bony surfaces; which, after undergoing a kind of imperfect suppuration and breaking, subside for a time and return again: sometimes they come and go without breaking: but it more frequently happens that these elevations are large, and fixed to the parts on which they first appear. I was once under the necessity of dividing a node



on the cranium, and to my surprize the wound, though made in a person very much diseased, healed as any other wound would have done, without mercury. A man, having had a severe fall from a horse, wounded the integuments of the head slightly, he was stunned for a time, but soon recovered and continued tolerably well a few days; he then became feverish, complained much of his head and could get no sleep: the wound had clearly no connexion with these symptoms; for upon examining the head I found a tumor on the os frontis, at a considerable distance from the part injured; tender, elevated and about the size of a small egg. The patient assured me that he had had this tumor for some time previous to the fall, and had also had others of the same kind on different parts of his head; which, to use his own words, came and went; and on further enquiry I discovered nodes on each tibia. Though I believed the appearance in question was a node, yet as the febrile symptoms continued, I laid the tumefied part bare: there was no fracture, but the pericranium



was separated from the cranium, and the surface of the latter was rough for the breadth of a sixpence. When the general symptoms were removed by rest, evacuations, &c. the wound of the node healed very kindly in a few days. This man had been diseased for four years. What appearance the surface of a bone, on which there is a node of this sort, generally has is difficult to say; but this had evidently the copper hue of an external venereal pustule. Perhaps all nodes are internal pustules, in some respects analogous to those we see on the skin, and like them they are sometimes short-lived and transitory: they are at first slight elevations of the periosteum only, which in time proceed to maturation, and when that takes place the periosteum separates from the bone. How far the mere pressure of a node may act in producing a caries of the subjacent bone, I cannot say, but it is probable that whenever a morbid fluid is confined under the periosteum, which is I believe often the case, it will act upon the natural gluten of the bones themselves:

I mean by the term that membranous and vascular substance, which connects the bony plates, or, calcareous particles to each other: in consequence of which action the bone becomes brittle. The appearance of diseased bones, from a venereal cause, seems to strengthen this theory; for they often appear as if reduced to mere calcareous earth. Be that as it may there can be no doubt of the disease sometimes rendering the bones brittle; but it can only take place at the period I am now describing. I knew a gentleman who had been for many years dreadfully poxed without knowing his real situation: at one time he broke a leg, and at another an arm, merely by a sudden exertion of the muscles of those limbs. It has been supposed that a mollities ossium was also sometimes the effect of this disease; but I could never meet with a satisfactory proof of it. Where a person has been much diseased, and used very large quantities of mercury in the alterative way, which has not been evacuated by any one outlet, particularly by its proper one, the salivary glands; but has continued in the

habit, stimulating every part of the system for a great length of time; then, I think I have seen something like it; (*Vide* Anomalous Symptoms) and my idea is, that mercury, when used in this manner and retained in the system, may, in a few instances, cause so strong an action of the absorbing lymphatics, as to enable them to take up a portion of calcareous earth from any bone of the body. Perhaps the use of spirituous liquors, during a long continued and free use of mercury, will give this strong action to the lymphatic vessels. Venereal ulceration beginning in any part of the periosteum may ultimately affect the subjacent bone with caries; which is sometimes so complete that nothing but exfoliation, after the disease is subdued by the general remedy, can effect a cure. But it also happens sometimes that the disease of the bone, whatever it be, yields with little trouble to the general action of the medicine, without the necessity of exfoliation. In the foetus the periosteum is very evidently continued over the joints; and forms, what, in the adult, anatomists have called peri-



chondrium: it is therefore no wonder if this part sometimes becomes the seat of a venereal deposit; nor are the cartilages themselves, though in structure materially distinct both from periosteum and bone, wholly exempt. Large gummatous kind of swellings, evidently from a venereal cause, do sometimes affect the elbow, the knee and ancle joints. Nearly allied to tumors of this kind are, what are called, gummata, on the aponeurotic and muscular parts: for example, on the muscles of the outer part of the leg, or *fascia lata* of the thigh. They are sometimes small distinct bodies, somewhat like encysted tumors; sometimes nearly the whole of a large muscle, with its aponeurotic covering, is thickened and enlarged so as almost to equal the hardness of bone; and I have known an enlargement of this kind affect a considerable portion of the *triceps extensor cubiti*, but it is not common. In the case to which the allusion is made, there was a venereal *sarcocele* also. Salivation cured both affections. I have shewn in what manner the periosteum, when diseased, from a venereal cause,



may affect the bones: and hitherto supposed that the injury occupies only the large cylindrical, or more solid bones; parts which, though sometimes rendered carious by disease, do most frequently admit of a cure, either with or without an evident exfoliation. But unfortunately, it sometimes happens, that a nodous affection attacks the smaller, more spongy bones, whose very delicate structure seldom admits of exfoliation: and whether pressure or erosion be the immediate cause of the caries, the bone from its thinness, as well as sponginess, is soon destroyed throughout. In this way the bones of the palate, vomer, os ethmoides, the bones forming the bridge, and sustaining the cartilaginous parts of the nose, may be irremediably injured or lost. They may be also lost from the venereal mischief, attacking in the form of a corona veneris the middle space of the forehead, causing a drip of sanies, from the diploe above, downwards. When any one or all of these effects are produced by a metastasis or deposite of venereal matter, I call the affection a

## VENEREAL OZÆNA.

The principal remark I would make on this symptom is, that it is sometimes so malignant in its nature, and so rapid in its progress, that the bones attacked are actually destroyed in some few instances as soon as the state of the case is clearly known; and in others, before the specific can possibly be used for a sufficient time, or with sufficient effect, to check the disease. These, therefore, of all other cases, require the most careful attention.

When the os frontis, in consequence of a previous node, becomes carious at its lower and middle part, just above the root of the nose; and that caries is of considerable depth, through the outer table of the skull, the disease may insinuate itself thence, inwards, to the os ethmoides and bones of the nose, and be the fore-runner of an ozæna of the most alarming kind. Pains deep seated in the palate, or bones of the nose, more especially if they are felt towards its root, either without or with a purulent and fetid discharge, be it ever so trifling, or small in quantity,

when not the effect of catarrh, scrophula, or scurvy, are circumstances strongly suspicious. It is very seldom that an ozæna comes on without other manifest venereal symptoms, and it is generally an easy matter to determine from the history of the case, what the remote symptoms were, and how far the means used for their removal were equal, or incompetent to the cure of the disease. To the symptoms just mentioned, as leading to a proper diagnosis, may be joined the circumstance of the patient having formerly had symptoms truly venereal; his having had ulcerations about the fauces which were supposed to have been cured; or his having at the time of examination any marks of ulceration within the alæ nasi; or appearance, of the verrucous kind, within the nose.

Having been, since writing the above, in conversation with two surgeons, who had the management of a venereal patient whom they despaired of curing, I beg leave to subjoin it. Without seeing the patient, from the history they gave me, I said I had no doubt of



his cure ending happily, if proper steps were taken. He had been infected for many years, had had venereal pains, gummata, &c. and had undergone several courses of mercury without relief; the disease constantly recurring in some form or other, till at length it affected both nose and palate; and his constitution was so harassed and debilitated, it was believed that he could not long survive his malady. In this situation, at my instance, with the concurrence of his medical friends, he was salivated in a warm room, never leaving it till he was cured. In eight weeks his cure was accomplished; the diseased bones, both of the nose and palate, coming away during the course. He is now a very healthy and active man, and never had the smallest return of any one symptom of lues, to the present time, more than 10 years. In another similar case, the same kind of cure followed, and has remained without the recurrence of any symptom. The deformity which was unavoidable in each case only existing, which has been in some measure supplied by art—by substituting an artificial nose



and palate. These men (not to mention others) are now living instances of the great antivenereal effects of mercury, when properly used in the *worst cases*, and these, it must be confessed, may be ranked in that class.

It must be carefully distinguished from the ozæna, described by Celsus; from the effects of bad teeth; from scurvy, scrophula, and from that kind of abscess, which sometimes forms in the Antrum Highmorianum.

There are a few other symptoms, which though not strictly speaking venereal, are yet the consequences of the lues venerea.—It is necessary to note them on two accounts; in the first place, they will often assist the practitioner in forming his diagnosis of the disease, and in the next, as some of them indicate a general indisposition of habit, they require on that account a particular attention.

\*Fallopious tells us, that lassitude and flying pains came on in his time, immediately

\* Vide Aphrodisiac; page 780.

upon receipt of infection; these symptoms I could never distinguish.

Paleness of the face and sallow complexion—these appearances of the countenance sometimes occur in the primary stages of the disease, and they are then, I believe, generally produced by local irritation, and the general effects of the specific on the system. But they are also discernible, when the constitution has been long harassed by secondary symptoms. In like manner, emaciation, grief and dejection of mind are sometimes observable in the primary symptoms, but they are most conspicuous in those who have had symptoms of the secondary kind, for a great length of time.

In the last stages of the disease, when the habit is thoroughly vitiated by the poison having remained long unsubdued, besides the above, other symptoms take place. The whole body frequently becomes unusually irritable—there is a quickened pulse, a proneness to anger, and seemingly an

universal agitation of the nervous system—but I have sometimes known the other symptoms take place without the quickened pulse. The daily paroxysms of pain which come on with an exacerbation every night—the want of rest—the open, or lurking ulcerations in various parts of the body—cause this irritability, and impede, perhaps contaminate, the functions of every secretion; and in this way, may an atrophy or hectic be produced,—

Perhaps, in the East Indies and other hot countries, where the disease is in some measure modified by climate, and appears in forms, not usually found in northern latitudes, it may give a strong pre-disposition to copious biliary discharges, and to other affections of the liver. However, I do not say that the common endemial diseases of the east, are not diseases of climate, independent of venereal infection. But I have remarked that, those who have fallen under my care, for old poxes contracted there, have been remarkably bilious, and the

cure of the latent poison, by mercury, has also proved the cure for the biliary affections. I think also, that I have seen a like predisposition, to biliary affections from the latent disease contracted in this country, when the person infected has never visited any other.



## ANOMALOUS SYMPTOMS.

HAVING in the foregoing pages endeavoured to describe the primary and secondary symptoms of lues venerea; all of which must be considered as certain, and indubitable signs of infection; order now brings me to the equivocal symptoms. By the term I mean those, in the production of which the specific effects of the remedy have strongly predominated over the natural progress of the disease; which has been so far weakened by art, as to render the syphilitic appearances doubtful. And in some of these cases, I believe, the latent sparks of the disease are blended with the suppressed, and irregularly conducted effects of the remedy.

The interval between the removal of a symptom clearly venereal, and the recurrence of the disease in a new, or in the consequences of its original form, is often a long

one. Many instances might be adduced to prove the frequent return of venereal symptoms, at the distance of many years, from the time at which infection was received originally. That the interval may sometimes pass away without any evident symptoms of lues, or sensible appearance of ill health is, I believe, certain. But it is no less true that, a careful observer will frequently be able to discover the features of the monster, under the great variety of disguises it will sometimes put on. In order to this, however, a very clear and critical knowledge of the disease, as well as of the immediate and remote effects of the remedy, seem necessary. The man who has never known a node, or venereal eruption, appear at the distance of five, or more years, from the original infection may, perhaps, doubt the fact: But it is a fact notwithstanding, and happens much more frequently, than has been generally imagined. When a venereal symptom comes on at a late period, it is not only very difficult to cure, but sometimes very destructive in its consequences. It is, therefore, a matter of the

utmost importance to point out the intermediate symptoms, those, I mean, which exist in the habit, as a fomes morbi in the interval between the supposed cure of an original venereal symptom, and the return of the disease in a more complicated form.— That this may be done, in many instances; I am satisfied from experience: that it cannot always be done, I deplore as a misfortune. Without attempting to give a regular account of what I have called the anomalous symptoms of the disease, I shall briefly lay before the reader a few observations on this very intricate subject; leaving it to time and the industry of others, to complete what I feel myself unable to execute with precision. The difficulty ought not by any means to deter us from prosecuting our enquiries with ardour. It is well known that, not only the worst secondary symptoms, but incurable deformity, blindness, and even death have followed from imperfect cures of primary symptoms of the disease in the first instance; and from neglect, or ignorance in the second; in suffering the intermediate, or

anomalous symptoms, to go on exerting their baneful influence on the constitution, without a proper check. A few instances will put the importance of the present subject in its true light.

Some years back I was desired to attend a gentleman who had an abscess juxta anum; it was one of those depositions of matter, which nature sometimes forms, to give relief to a distempered habit, and may therefore be said to be critical. There was nothing in this part of the case, uncommon. But he had besides this, over his whole body, one of the most rank venereal eruptions, I had ever seen. Upon interrogating him as to his former state, I found, he had been unhealthy for many years; a long time before this, he had been frequently clapped; about eight years previous to his present illness, he had had a chancre and bubo; which was the last time he had been injured, and of these symptoms he supposed he had been perfectly cured; some months after this cure, he felt what he had never before experienced, rheumatic pains; about two years from this infection,



he was suddenly seized with an inflammation of one of his eyes, which gave way to the usual remedies; but when the inflammation went, he found to his unspeakable concern, that he had totally lost the sight of that eye; he said he had been deaf of one ear for some years, and that the eruption, which I then saw on his body, had come on suddenly, during the present illness; whilst the matter was forming juxta anum; and it was probably thrown out by the symptomatic fever.

Having compared this man's account of his ophthalmia, with some others of the same kind since seen, I have no doubt of its having been venereal. The pains he took for rheumatism, so long before the appearance of this inflammation were, probably venereal also, and if they had been attended to in time, not only his blindness, but in all human probability, the consequent ill state of his health would have been prevented.

A young gentleman, who had been for some years infected, was attacked with a venereal

ozæna. The means employed for his cure were an alterative course, and the occasional use of a cinnabar fumigation to the part. The person under whose care he had been, supposed him well ; but in about thirteen months, the symptom returned with more violence than ever ; the ulcerations were to the highest degree, malignant, and hourly doing irreparable injury among the bones of the nose and palate, &c. he was exceedingly emaciated, and inclined to be hectic. The most judicious means to check the progress of the ulceration and putrefaction were used, without effect. The disease continued to make its ravages in spite of every thing that was done, till it destroyed him : death taking place, before his mouth could be properly affected. This person had a very uncommon degree of irritability and restlessness, which mark an improper effect of mercury on the constitution.

A woman in one of the hospitals in Southwark, many years back, was under salivation for the cure of some secondary symptoms. At a time when every danger seemed to be

over, and she appeared to be getting well by the use of the remedy ; her chin suddenly dropt on her breast, she died in an instant, and without a groan. Upon dissecting her body, it was found that the processus dentatus of the second vertebra of the neck had been broken off, in consequence of a venereal caries, and that the pressure, which this accident made on the medulla spinalis, was the immediate cause of her death.

These few instances are sufficient to shew the great importance of the present inquiry, and clearly point out that, the remedy when employed in a partial, incomplete manner, sometimes acts as a most delusive palliative ; and that the fire it does not extinguish, may be smothered for a much greater length of time, than has generally been imagined ; and it is equally evident, that if we were thoroughly acquainted with the anomalous symptoms, those I mean, which shew themselves in an equivocal manner, between the suppression or supposed cure of a venereal symptom, and the manifest return of the disease in an unequivocal form, we should very frequently be



able to prevent the very worst consequences. The primary symptoms of *Lues Venerea* are very easily conquered; so are many of the secondary. It is principally by time, and procrastination, that a cure becomes difficult. It must be confessed that, it is often no easy matter, to discover the disease, when masked under an anomalous appearance. But when it can be once ascertained, I am of opinion, that the action of the remedy will be as certain in its anti-venereal effects, as in any of the more fairly formed symptoms. If to this, it be urged that, mercurial courses are frequently entered upon for the cure of anomalous symptoms, and after all, do not cure. My answer is, "No action of the remedy, short of a very decisive and full operation, can cure even the mildest of these symptoms, therefore less powerful effects can be of no permanent use." These will indeed frequently produce a temporary removal of symptoms, which will either recur or change their form, the *disease* still remaining unsubdued in the habit. This I have so frequently seen from partial methods of cure that, I am



convinced there can be no hopes of serving a patient effectually in late symptoms, like those I am about to describe, which have taken deep root in the constitution, but by urging the medicine, both as to effect and quantity, as far as it can be carried with safety.

In all equivocal cases, in which there is reason to suspect a latent venereal leaven, but without any one striking external symptom of lues, perhaps there can be no other test or means of ascertaining, whether such leaven exists in the habit as a fomes morbi or not; but by causing the medicine to act upon the constitution, with all its anti-venereal power. A man, who has never tried the force of it, in this manner, can have but a faint idea of its operation; and if he forms an opinion, that symptoms like those I am about to describe are not relievable *by mercury*, because he has employed the medicine in a partial and incomplete way; without due regard either to quantity, or its effect on the constitution, he will be most certainly deceived.

Among the anomalous symptoms, some are owing to the suppressed and remote effects of the remedy, when improperly used; some are the genuine effects of the disease, but appearing in a very irregular manner; and others, are the consequences of the disease after a cure by mercury, without latent venereal mischief. Of these three classes of symptoms, I shall principally attend to the least equivocal; those I mean, which continue to retain a portion of the original poison, notwithstanding a previous and very liberal use of mercury.

A medical gentleman, a native of America, five weeks after a suspected connexion, had an unusual itching on the glans penis. Upon examination he discovered two chancres of the aphthous kind. The itching he had had for a few days before, but having no suspicion of injury at so late a period as five weeks, it was disregarded. The chancres were small in size, free from inflammation, and without any increased secretion of sebaceous matter. He put himself under an alterative mercurial course, taking calomel every night. Having

taken this medicine for ten days, he found the chancres were becoming larger, and more irritable: he then very improperly used a calomel wash, which soon healed them, and prevented an impending phymosis. This was followed by an enlargement, and a tenderness of the lymphatic glands in both groins, but they shewed no tendency to suppurate. He went on with the mercurial internally, but in a careless manner; sometimes taking it, sometimes omitting to take it. At the expiration of three months from the time of infection, he was alarmed by the sudden appearance of a venereal eruption, after feeling some slight pains in his limbs and head, which he took for rheumatism; but which, were probably the venereal eruptive symptoms. From that time, he went on with the medicine in a more regular manner; but without confining himself to the house. His bowels being too irritable to bear a full dose of mercury internally, it was introduced into the habit by inunction. The venereal matter in this case passed into the circulation, without any further enlargement, or suppuration of the lymphatic glands. The greater part of the eruption disappeared



upon the second friction; three pustules, however, still continued; and these, did not leave him for the space of three months longer; during the whole of which time he continued the frictions. His gums were not only made tender, but continued so, for many days; but he never had either a ptyalism, or what could be called a sore mouth. He had, however, the usual costiveness preceding the other effects of mercury; he was emaciated, and had at times so great a degree of languor and weakness that, he could not refrain from the use of vinous liquors; of which, however, he did not drink immoderately. He began with ung. mercur. fort. 3i. he gradually increased the dose, without stopping; he performed each friction fairly, with his own hands, and the aggregate quantity used during the three months was immense.

He had pains in various parts of his body, during the latter part of this period. But as they seemed to be rather the effect of cold taken at a time when his system was loaded with mercury, he attributed them



to a rheumatic cause. Probably some of his pains were of that kind, for he underwent the course in the depth of winter, and was much exposed to the vicissitudes of that season. But he had others, which seemed to be venereal. These came on after the pustules had left the skin, in the last month of the course: they were transient, superficial, and occupied the periosteum only: and were felt sometimes on the pericranium, sometimes on the periosteum of one of the ulnæ, or tibiæ, &c. thus, at different times, attacking the surfaces of different bones without fixing any where. Sometimes he would be perfectly easy for a week or a fortnight, then a kind of paroxysm lasting for a day or two, in which the pains would in this manner shift and recur, took place: and drinking or exposure to an easterly wind would sometimes bring them on.

He had noted a circumstance during the use of the frictions which I have seen in several other cases, namely, a prominence or slight enlargement, just above each frontal sinus; on those parts of the os frontis, which

in the foetal state are hard, and the central points, from which the ossific matter shoots in a radiated manner, to form a solid bone. And these parts were tender. I recollect once to have seen an evident depression of the os frontis on one of these central spots, produced as I conceive, not by the disease, but by the action of the medicine, occasioning the absorbents of this part to act so powerfully, as to take up a quantity of osseous matter; which depression filled up in a few days, and during the use of the remedy.

The quantity of mercurial ointment used during three months, I have said, was immense; for it amounted to a pound and a half, avoirdupois. At the latter part of the course, when every vestige of the eruption was gone; when the three pustules, which had continued so long obstinate, had not only lost the venereal hue, becoming of the same colour with other parts of the skin, but had left pits behind, resembling those which remain for life, after the small pox. When he was about to discontinue the medicine, thinking himself cured (for the

pains he sometimes felt he attributed to rheumatism) he was seized on a sudden, with an universal itching, and wherever he scratched a kind of rash, as if he had been stung with nettles, or lashed by a whip, would appear. There was not only an itching of the skin, but of the periosteum of some of the bones, particularly of the ulnæ and tibæ, throughout their whole length; more especially near the olecranon of each ulna; and on both these spots, there were evidently depressions of bone, which soon filled up and were followed by small tumors, which seemed to be attached to, or a part of the periosteum itself, and the fluctuation within them, felt very like that kind of extravasation, which some gouty persons are subject to; which is first, a gelatinous fluid, and if not dispersed, hardens by degrees into a chalk stone. There was one of these tumors on each elbow in the situation above described. They seemed for a considerable time to be immoveable, and a part of the periosteum itself, but after a few months this appearance altered, a separation gradually taking place between them and the



subjacent bones. They became harder, moveable, and were at last perfectly detached from the periosteum. They now seemed to have been thrown off from each bone, and were making their way towards the skin, under which they might be felt like two small bullets; the finger passing with ease between them, and the periosteum under them: they occasioned no pain when pressure was not used—but if it was, they gave the same kind of uneasiness that other extraneous bodies would, when in immediate contact with that membrane.

These tumours continued for two years after the discontinuance of the mercurial course, and then imperceptibly wasted away, without leaving either tenderness, or the smallest appearance of diseased periosteum behind.

When the itching on these parts commenced, he experienced also similar sensations in the periosteum of other bones, besides the ulnæ; and these sensations were succeeded by a tenderness. In different parts of the pericranium; on some of the ribs; on the thigh bones; on the tibiæ and fibulæ;



and in short on the surface of almost every bone of the body, a tenderness was at different times felt, almost to the full extent of the periosteum of each bone. But that of the left fibula was the most remarkable. It was situated near its lower extremity; and on that spot, for the space of more than two inches, the periosteum pitted, and received the impression of the finger, as readily as tallow. It was very tender, and occasioned both pain and difficulty in walking. The patient himself believed that, the bone had actually in this part lost its usual firmness, and had become soft.

Being satisfied that this man had during the last three months, used a very large portion of ointment, and performed the frictions properly. I was of opinion, if the almost universal tenderness of the periosteum of which he complained, was really venereal, that no alterative course could serve him. I therefore advised him to desist from mercury, and patiently wait the result of time; he complied with this advice, and in a few days the general tenderness of the periosteum, to-

gether with the whole of the affections of the fibula ceased. — I was much surprised at this, and it occurred to me that, the symptoms might perhaps be accounted for in one of two ways; either that mercury (when thus freely used, under no particular restriction, as to air, exercise, diet, and drinking; and without any considerable increased secretion taking place from any one outlet of the body, and in particular from the usual one, that by the salivary glands) had a power of stimulating the absorbent lymphatics, so much as to make them take up a portion of calcareous earth from the bones themselves; and produce thereby a species of mollities ossium; or, that when employed in the manner and under the circumstances above recited, that it actually had a power of affecting the periosteum of different bones with ulceration or secession, similar to that, by which it ulcerates the gums and loosens the teeth in salivation. But be these circumstances as they might, notwithstanding the other effects produced, and the quantity of the medicine fairly used, I had still my doubts, as to its proper action on

the disease, and very ingenuously told him my suspicions. And I grounded my opinion on the idea, that, the eruption or pustules had been driven inwards by a few of the first frictions, probably on the periosteum and internal mucous surfaces. That there was of consequence a true metastasis of venereal matter to these parts; which the subsequent laborious treatment had not fully subdued; and which would probably in future shew itself by one or more decisive symptoms of the disease. The sequel of the history will prove that, however conjectural I might have been with respect to the suppressed effects of the medicine, I was perfectly right with regard to its action on the disease. For very soon after the discontinuance of the course, he felt a very unusual itching about the anus. Upon examination, the part called the verge, and internal surface, the rectum, as far as could be seen, was changed from its natural red, to a bluish, or cineritious colour. And I believe it was either a beginning ulceration, or the prelude to excrescences of the condylomatous kind. To relieve himself from the itching,



he daubed the part three or four times with a strong mercurial ointment, made with the grey præcipitate from calomel mixed with akungia. The itching and discolouration went; but were immediately succeeded by a new symptom, a violent pain of the nose, which was followed by a purulent discharge from one nostril, but small in quantity. Being now in a warm climate, he used mercury again in the alterative way, and after employing it for several weeks with decoct. sarsap. he discontinued it. The uneasiness of the nose was by these means considerably relieved, but not entirely removed till some time afterwards; when, upon the coming on of other symptoms, it ceased to plague him.

After this, being unable to confine himself, and wearied out with the ineffectual operation of the alterative courses he had undergone, he formed the resolution of desisting entirely from mercury, and suffering his complaints to take their own course; and for more than three years he kept to this resolution: during which time the symptoms were as follows: The pains, both the rheumatic and those I



have supposed venereal, had never totally left him, though the affection of the nose had ceased; but continued to recur at uncertain periods. The rheumatic, affected principally the knees, the shoulders, and teeth; the venereal, the periosteum on the surfaces of different bones. When the membrane covering any one bony surface was affected, the pain would be transient, and sometimes so superficial, that pressure with the finger on the part would give immediate relief. The pains seemed to be for many months external: and irregularly diffused over the periosteum of different bones; the uneasiness being sometimes on some one part of the head, on one of the humeri, thigh bones, &c. In about two years from the cure of the ulceration of the nose, they became more constant in particular places, but were not completely fixed to any one part, till towards the latter end of the third year. At which time, a fixed pain in the centre of one tibia, and a sense of weariness as well as pain, in both tibiæ upon walking came on. Besides these, other symptoms occurred, during the three years. He had at different

times small tender risings in different parts of the scalp; seemingly deep seated at first, but which afterwards suppurated like common pimples, and then went off, leaving no appearance of disease behind. He had slight rhagades in the palms of his hands, which came and went, like the affections of the head. He would sometimes feel great inconvenience from a redness, relaxation, and sense of soreness in the uvula and throat; sometimes he had considerable pain low down in the throat; he had several times a remarkable sense of constriction in the larynx, pharynx, and cartilages of the trachea arteria, and pain in the cartilagenous parts of the nose: when he had none of these, he would have pains in the palms of his hands and in the soles of his feet, &c. And when he came to me, at the end of the third year, his pains were not only fixed to such spots or parts as are usually affected by the venereal poison, but they were more *internal* than they had been; they were more acute; and so deep seated, that the patient, though a medical man, could not believe but that the bones themselves were dis-

eased. After a very minute examination, I could not find the smallest appearance of diseased bone, or diseased periosteum, any where. The head, which was the part originally attacked with pains, and followed by little eminences on the scalp, had long since ceased to pain him, and now shewed no mark of disease. The tumours he once had on each ulna, had likewise disappeared, and he had not since felt the least pain in consequence of that affection. There was nothing like disease either in his nose or throat. But he had rhagades in one hand ; he had frequently very violent shooting pains in each tibia, not only when he walked, but when he did not, with an extreme sense of weariness and general weakness, but there was nothing to be seen or felt on either of his shins ; he looked sallow and unhealthy, and was considerably emaciated. It is worthy of note, that in this case the pericranium was the first membranous part affected with pains, the periosteum of the tibiæ the last ; for when the pains became fixed to these bones he felt no uneasiness on any other surface.



I recommended to him, with much earnestness, strict confinement, and for once to try the effect of the medicine in that situation: but he would not submit. It was now the height of summer in this country, and he determined to make another trial of an alterative course; and took the mercur. calc. very fairly for twelve weeks. The weariness, uneasiness, and pains left him, and he soon recovered his former health. He continued well for the rest of the summer, but when winter came on, he frequently felt transient pains in the centre of each tibia, which although momentary, were sometimes violent; and they continued off and on for six years. Twice during this period, after feeling an unusual degree of pain in the upper extremity of one tibia, rather below the insertion of the ligament of the patella, he perceived a tenderness and pitting. These appearances went off, but the pain would sometimes return without them, and with violence; during this period, he had also felt violent shoots in the centre of each thigh bone; above each elbow, under or upon the triceps muscle; upon the backs of the hands; and on



the outside of the muscular part of each leg. Besides these pains, he had others resembling rheumatism, which from his description seemed to be the nervous sciatica, described by Cotunnus. Of this affection he gave two accounts, he believed that its first origin might have been in the winter, subsequent to the last mercurial course, at which time he was much exposed to cold on shipboard, in a northern latitude, which laid him up for a few days with a common sciatica. But he suspected that his nervous sciatica had another origin. Before the fits came on, he would frequently, but not always feel an itching on the outside of the preputium; this itching soon terminated in a few small bladders, containing a kind of lymph; when they broke a yellow kind of scorbutic scab came upon the part, which, after continuing for some days, peeled off; whenever he had this scorbutic affection coming on, he would feel pain shooting from this part into the testicle of that side; thence the pain would be extended to the muscles of the corresponding thigh, and so on into the leg. He sometimes had the sciatica without

this affection ; when he had, the pain began on one or other of the tuberosities of the ischia, and was thence propagated downwards. But whenever he had a fit it would last two or three days, and the degree of pain and tenderness accompanying it were exceedingly great.

This part of the history I have lately had from Virginia, where he now resides. He enjoys tolerable health, except at the times when this affection seizes him, which it generally does five or six times in a year. He has never since the last course used mercury, and time alone must discover, whether any, or the whole of the present symptoms, are those of the disease suppressed : or whether they do not arise, partly from the disease having been imperfectly cured, and, partly from the remedy having been injudiciously applied : I say injudiciously, for no man can make me believe, that so large a quantity of ointment, as he used in the second course, during three months in winter ; and which contained twelve ounces of the crude mineral, could possibly be introduced into any habit, with impunity. The af-

fection of the bones, described at the latter part of the course seems to have been the effect of too much mercury, used in an improper situation; and yet this quantity, great as it was, we have seen did not cure him. These circumstances, without making any further comments, should make us pause, and for a moment reflect, whether if he had employed the medicine under confinement, upon discovering the eruption, he might not have been perfectly cured in three, four, five, or six weeks, by a fifth part of the mercury he had then used, and without any injury to his constitution. And it is impossible for any man acquainted with the speedy effects of this medicine under confinement, not to ask himself these very natural questions. When the original chancres (from which all the subsequent mischief I have fairly and truly described, arose in this case) were first discovered, five weeks after infection; when they were small in size; and without much irritability, would not the fair introduction of a sufficient, but much less quantity of mercury, by frictions, under confinement, have probably healed them per-

fectly, in a fortnight, or three weeks without the dangerous help of any topic? And would not such a mode of employing the medicine, at so late a period of a primary symptom, as five weeks, by giving the patient the best, and most probable chance of anticipating the natural progress of the disease into an eruption, have been infinitely superior to every other?

It is difficult to say, how far his present symptoms are venereal. If we put the nervous sciatica out of the question, the pains on the tibiæ and thigh bones may be the preludes to nodes, or exostoses; those on the back of the hands, on the triceps muscle, and on the outside of the legs, may be the forerunners of gummata; for they are certainly the parts on which these symptoms generally come; the scorbutic spot very much resembles a venereal crust, and perhaps in time one, or more decisive symptoms of the disease may come on. But it may be questioned, whether in this, as in many other cases, the disease may not have been so far weakened by the repeated operation of the medicine, as to have only a faint



semblance to the natural progress of Lues Venerea, without the probability, or power of its ever producing any one decisive symptom? Thus in the case just given, there may be enough of the disease to shew something like a natural progress in the succession of one symptom to another, and in the whole of the symptoms; enough, to produce pain on parts on which nodes, or exostoses arise; and enough, to cause the same sensation on parts, where guminata frequently form, but without the one or other, of these classes of symptoms, being ever fairly produced, I will not attempt to decide on the matter, and can only say, that this may be the case for several years, is evident from the preceding history, which has been taken with the utmost fidelity, and from a man who has been only once infected in his whole life.\* Now, if this kind of semblance

\* Since the publication of the former edition, I have again heard from him, thirty years after the original infection. He is bilious and gouty, but has never had a clear and decisive symptom of Lues Venerea. He has sometimes had violent pains for a short time in his shins and other parts, and one night after feeling pain and tenderness in the periosteum of one tibia, he perceived a puffiness,

to genuine venereal symptoms may be left after a supposed cure, and continue in the habit so long as twenty or more years. The disease being almost, but not perfectly, extinct, in a man who has never received a fresh accumulation of infection; what would be the consequence, if a new infection was superadded to the old one? Would not that be fuel to the hitherto smothered fire, and make those symptoms clear and decisive, which before were weak and equivocal? For it is highly probable that an accumulation of infection may take place in the venereal disease, though it does not in the small pox.

but it disappeared on the next day. Alarmed at this he commenced another alterative course, and took mercurius calcinatus, beginning with a grain, and increasing the dose till he could take three grains every night; this course lasted six weeks. Since which he has had better health, and appears well. He had, previous to the last course, sometimes felt a crepitation of the cervical vertebræ upon moving his head from side to side, and the same sensation in riding of the vertebræ of the back; but this crepitation was by no means constant, nor could he ascertain the precise spot, or vertebra where it was; the sicatica has long since ceased, and given place to an irregular kind of gout; and the crepitation also.

And I will venture to say, that in a habit circumstanced like the above, a new infection will be uncommonly obstinate; it will not yield without great difficulty, to the action of the specific, and I have I think frequently seen it more rapid in its progress.

ALOPÆCIA. Not long after the introduction of mercury, it was a matter of doubt, whether this symptom did not arise from the action of mercury. But it was generally believed to be a symptom of the disease. Weakness, dependent on fever, it is well known, will sometimes cause a falling off of the hair of the head; perhaps a similar effect may be attributed to that debility, which is frequently attendant on the free use of mercury. When this medicine has been employed for the cure of secondary symptoms, I have more than once known a man lose a part of his eyebrows for a time, but the hairs have grown again so perfectly, upon his recovering strength, as to leave no defect. I have seen others lose them, the courses they underwent being slight, and they not cured of their secondary symptoms; and in these cases, they were

not regenerated. Besides, as I have never seen this symptom follow either a real or supposed cure of a primary symptom, though the debility produced by the medicine has been considerable, I am of opinion, that it may be one of the secondary symptoms of the disease.

Falling out of the teeth, is another symptom mentioned by some of the old writers. Upon a superficial view, one would naturally suppose that this was rather the effect of the medicine, than of the disease, and yet I think I have known it happen long after the use of Mercury, when the effects of the latter were probably spent. If I am right in my idea of this affection, it begins with an uneasy, undescribable sensation of pain in the teeth and gums, something like what is called an ague of the head, which occupies one side of the face only; sometimes the pain is felt deep seated in the teeth, and antrum of the upper jaw on both sides, and is extremely acute. But be the seat of the pain where it may, the symptom is, I believe,



more generally an affection of the upper, than of the lower jaw.

Obstinate pain of one of the mastoid processes, generally on one side only, sometimes with, sometimes without, an evident enlargement, is another of the anomalous symptoms.

Pains above this process on one side of the head, sometimes upon, but generally rather behind the temporal muscle, troublesome by day, but most severe by night; sometimes these pains are followed by a puffiness of the scalp.

Large dry crusty scabs on the occiput, nape of the neck, scalp, or other parts.

Small tumours of the scalp, coming and going, either with, or without a slight supuration, and arising after previous pains.

Pains, arising on parts on which the well known secondary symptoms of the disease are sometimes found, as on the shins, ulnæ, &c. where nodes generally arise, or on those muscular and aponeurotic surfaces, on which gummata, or deep seated sloughs are apt

to shew themselves, more especially, if such pains are nocturnal, are very suspicious, and sooner or later generally lead to other less equivocal symptoms.

Palsy\* of the upper or lower extremities, arising, either from pressure made on any particular nerve, or plexus of nerves, by disease in the vertebræ themselves, affecting their cartilages, their foramina or their very substance; or a similar paralytic affection may come on from the disease attacking the nerves themselves, or their coats, and from the pressure of nodes and gummata.

Crepitation in the vertebræ of the neck, upon moving the head from side to side.

Deafness may arise in this disease from an obliteration of the cavity of the eustachian tube, or caries of the small bones of the ear, and a tinnitus aurium from ulceration within the nose affecting the eustachian tubes.

Large and deep, or small, superficial, ragged ulcerations of the tongue.

\* I have once seen a palsy of the arms, which was supposed to have been the consequence of an imperfect cure by the solution, at the distance of near twenty years.

Deep, external ulcerations of the face, spreading irregularly towards either angle of the mouth.

Soreness of those angles.

Rawness and ulceration on the internal parts of the cheek.

Nervous sciatica described by Cotunnus.

Many of the symptoms, enumerated above, mark the disease with some strength, and in characters not easily imitated by any other; others do not. Without adding to the catalogue, I flatter myself that whenever any one or more of them are found in combination, inter se, or in conjunction with less equivocal secondary symptoms, that they will generally lead to a clear and perfect diagnosis of the disease, and will, I trust, put the practitioner on his guard, and warn him, in time, to combat the probably destructive progress of the disease, with becoming force and effect; for he may be assured that in every such combination he will find no small difficulty in effecting a lasting cure.

If he finds them in combination with a recent primary symptom, he may, I believe,

be equally certain, that he will have more difficulty to effect a cure than in another constitution, not vitiated by a previous venereal taint : and as every fresh infection is probably an addition to the old infectious matter, he must not be surprized if a late secondary symptom sometimes comes on when he least expects it, after the supposed cure of what he took for an unmixed, primary one. This caution not only deeply interests the welfare of the patient, but the reputation of the practitioner, who in every case of recent infection should have his eyes and his ears open to other symptoms the patient may have with the primary one, or may formerly have had, long before its appearance. Want of attention to these circumstances, has, I believe, been one of the causes, why the gonorrhœa virulenta from the middle of the sixteenth century, to the present hour, has been called a primordium of the lues venerea, and stigmatised with a notion, that it had naturally the same remote consequences as chancre, chancrous excoriation, and venereal bubo. This I have never seen—But I be-



lieve, that, a fresh contracted clap has sometimes put the latent sparks of the Lues Venerea, when they have been long smothered, into action, and in this way been immediately the cause of a secondary symptom: I am not however by any means certain of the fact.

In December, 1780, a surgeon was desired to open the body of a man, who died comatose. His brain and thorax were both examined, but shewed no marks of disease: in opening the latter, the surgeon's hand was wounded by a splinter of bone. Afterwards, inspecting the contents of the abdomen, he found the bladder in a gangrenous state, containing two quarts of urine. He removed this viscus and its appendages, and upon a minute examination, he discovered a chancreous excoriation on the glans penis, and the whole urethra in a state of inflammation, to the very neck of the bladder. He paid no attention for some time to the wound on the hand; but within nine days it became so painful, that he was obliged to poultice it—this gave him no ease, and the only applications he could

beare were a cerate of wax and oil, or mercurial ointment; this last not seeming to stimulate. From the sore, four days after the pain began, there were perceived several streaks leading from it to the axilla—these streaks were knotted, as far as they could be traced, and were probably the valves of the lymphatics. When the inflammation got up to the axilla, it there formed an enlargement of the lymphatic glands, but this enlargement soon went off. Shortly after, he could perceive the knotted chords (if I may use that word) in every extremity of the body, enlarging the other lymphatic glands, as they passed through them. And these chords were perceivable in the neck as well as extremities.

In this situation, he was exposed to cold; and notwithstanding the precautions taken to avoid the consequences of it, he was waked at one in the morning with a most violent pain in the neck and shoulders. This was supposed to be rheumatism, and upon that presumption he was bled, and meant to have

taken guaiacum, but was advised by a medical friend, rather to take calomel and bark. The first paroxysm lasted till eight in the morning, and the pain recurred at one the next morning, but not with the same violence. It continued to come on in that manner, periodically. He was then advised to take James's powder, which seemed to have a good effect in lessening the pain, but did not remove it. When the summer came on, he was directed to try the Harrogate waters for a month, and then to bathe in the sea. He spent the summer in the neighbourhood of Scarborough, during which time the coldness of the weather, especially when the wind was easterly, had a very unpleasant effect on his feelings, and he found that it increased his pains. But it was remarkable, that whenever he was made warm by dancing, or was perspiring through exercise, he was perfectly easy. The winter of 1781 and 1782 was spent without his being confined, but with considerable pain whenever he was exposed to cold; the knotty

appearance of the lymphatics continuing all this time; and the summer of 1782 passed nearly in the same way. The latter part of the winter 1782, and beginning of 1783, the pain of the neck approached more towards one side of the head, and became much more severe, and then came on, at more regular periods. A variety of medicines taken at this time were but of little service, and during this period the disease was still considered as rheumatism: upon which supposition Merc. Calc. was advised, which seemed at first to relieve, but although the doses were doubled, under confinement to the house, the complaint continued. This medicine was used for six weeks, from one grain to two grains per diem. Summer, 1783, coming on, he went to Buxton, drank those waters, and bathed for a month; during which he suffered greatly, either from the coldness of the summer or the waters—from thence he removed to the sea—then to Tunbridge—the knotty affection of the lymphatics still continuing. At the latter end of the year 1783, and beginning of 1784,



the pain was much increased in violence, and seemed to have shifted to one side of the neck, in a direction from the mamillary process of the temporal bone, to the clavicle, in the course of the mastoidæus muscle. After Christmas of 1783, and early in the winter of 1784, he felt some symptoms of the palsy, in a slight degree, on the leg opposite to the side affected with pain. About the same time also two appearances like encysted tumours, were observed, one nearly in the centre of each gastrocnemius muscle, and there was another similar tumour between the tendo achillis, tibia and fibula of one leg, near the ankle. For these tumours, as they were supposed to be scrofulous, the sea water was again recommended, as early in the Spring, 1784, as the weather would permit. The cold of the preceding winter had caused a great increase of his usual pain. He continued bathing and drinking the sea water, for the greatest part of the summer 1784. This course lessened the pain, but did not remove the enlargement of the lymphatic glands, nor the knotty appearances on

the lymphatic vessels, nor had it any effect on the tumours of the legs, before mentioned. In the latter end of 1784; and beginning of 1785, the pain in the mastoidæus muscle and the head increased, coming on regularly at eight in the evening, in a paroxysm of half an hour, and returning again after midnight, and lasting till eight in the morning. And it now affected not only the muscle above mentioned, and mammillary process, but the whole cranium, particularly the back part of it. The complaint grew worse, notwithstanding the use of a variety of antispasmodics and antirheumatics, but being one morning induced to take six grains of James's powder, it removed the pain in a few minutes. He continued the six grains omni nocte, and felt it no more. About a fortnight afterwards he was seized with an hemiplegia, on the left side—during the use of the powder, he bathed himself in an artificial sea bath. After the appearance of the hemiplegia, the tumour between the tendo achillis, tibia, and fibula began to enlarge, but from the slowness of its progress, it was still con-

sidered as scrophulous; the other tumours were unaltered. In March, 1785, the enlargement close to the tendo achillis seemed to contain a fluid.—A caustic was applied, and upon the separation of the escara, a fluid was found like the white of an egg, no part of which was discharged; for it adhered to the sides and bottom of the cavity; and the wound in general, put on a very unkindly aspect. He was then sent again to the sea, and directed to use a salt water poultice, which had no kind of effect. After remaining at the sea side for a month, he left off the use of medicine; soon after this, a node began to shew itself upon one of the radii, nearly about its centre, without previous pains, or pain after its formation. Surrounding this node were some eruptions, which were rather of a bright red, than of the copper hue. The node, after its appearance, increased very fast, and soon convinced him that his case was venereal, and that he must use mercury. He entered upon a course *in the alterative way*, and in a week's time, the node and blotches were removed—the size

of the enlarged lymphatic glands was diminished, and the streaks and knotty appearance of the lymphatic vessels gone. The sore now gradually began to throw off the glairy fluid within it, and assume a very good appearance. Having rubbed in during the course of three weeks, eight ounces of ung. mercur. fort. hydrarg. et axung. ā. p. æ. but without confining himself, he supposed he was cured. This course he underwent at a bathing place, close to the sea—and after discontinuing the medicine for a fortnight, he bathed; the sore not then well. In about another fortnight, the 'kindly appearance of this sore changing much for the worse, he was induced to begin again with the frictions; and in the space of three weeks, he rubbed in eight ounces of ointment more. From the sea he went to Bath, with the sore not healed, he drank the water, bathed, and went through the usual means of relief employed at that place, for a month; and then returned to London, with the sore daily growing worse. He then used the ointment for the third time; under confinement to the



house, for five weeks; and in that time rubbed in twelve ounces. This course healed the sore. It may be necessary to observe, that this mercurial process never produced much soreness of the mouth—no griping—no increase of any particular secretion; but, towards the close of it, when he was rubbing in, half an ounce ung. mercur. omni nocte, he had such a distressing degree of languor for a week, that he was under the necessity of having recourse to wine, to support his strength. And I have the pleasure to say he remains well to the present hour.

This gentleman I had seen in the winter 1783, when his complaint was supposed to be, and had been treated, as rheumatism. It was then my opinion, that the case was venereal. And I founded that opinion principally on two circumstances, viz. on the singular appearance of the cicatrix of the original wound on the hand; and the mode in which he was attacked with what was called a rheumatic affection of his neck and shoulders. The scar was not broad; it was indented somewhat like a

large pit of the small pox; it had not healed smoothly, and its outer margin was irregular; on the whole, presenting the appearance of a scar from a phagedenic bubo, or venereal sore: and not only the mode of attack, but the situation of the pain, were uncommon, for an ordinary rheumatism; and the pain itself was clearly nocturnal; for it came on, *mediâ nocte, post primum somnum*—the time at which most nocturnal pains put on the quotidian form of a common intermittent. I had frequent opportunities of seeing him during the after-treatment, but could never persuade him to believe his case venereal, until the appearance of the node put the matter out of all doubt. The tumors on the legs, which were supposed to be scrophulous, -I called gummata; and the tumor, which had been very injudiciously opened by caustic, was of that kind. The knotty appearance of the lymphatic vessels, was the effect of irritation from the venereal poison, in a very irritable habit; for he was of the true sanguineous temperament. Sufficient attention was not paid to

the circumstances of the case, nor to the fact, that the admission of the venereal poison, in a habit like this, would produce peculiar symptoms. Because his lymphatic system, was more generally affected by irritation, than is usual in the common course of the lues venerea; and because the gummata, though they did not appear on those parts of the body, usually affected with scrophula, bore a distant resemblance to tumors of that kind, the complaint was injudiciously judged to be scrophulous—So strong was this idea, and that of rheumatism, fixed in the patient's mind, (and indeed in the minds of some gentlemen, to whom he paid the greatest deference,) that nothing but the appearance of the node could have opened his eyes, and roused him from his dangerous error.

Without agitating the question, whether this constitution was, or was not scrophulous, or whether the symptoms he had were of the scrophulous kind or not, it was necessary to consider a previous one, whether he was, or was not infected? I was certain, that

the symptoms were not scrophulous; and I had no reason even to suppose him of a scrophulous habit. But admitting that his constitution was of that kind, if he was, as I believed infected, it was clear that no other kind of treatment, but the usual one for the lues venerea could have served him. It was evident that the sea gave no permanent relief, tho' mercury, when properly used did. But taking the matter on the presumption, that he was of a scrophulous habit, the practical inference I would draw from the case is, that venereal infection in such a constitution, must be treated as it generally is treated in every other. The scrophulous idea will, without the utmost care, bewilder; the practitioner must divest himself of it; and in place of conjecture, he must be guided by matter of fact, and the appearances before him. And having, from a thorough acquaintance with the natural history of the lues venerea, fixed his diagnosis of the disease, he may be assured, that how much soever the combination of scrophula, or other circumstances with syphilis, may render the



cure of the latter more difficult in one person than another; yet, the power of the remedy is such, when fairly employed, that it will, like the needle to the pole, be true to the point, even under these disadvantages.

The general affection of the lymphatic system, from the stimulus of the poison, though that stimulus was not sufficient to produce permanent induration, or a suppurated bubo in the arm pit—the continuance of the knotted appearance of the lymphatic vessels for a considerable length of time, and the irregular attack of a venereal pain, resembling rheumatism, at a short period from infection, without an intermediate secondary symptom, were all singular circumstances.

Having endeavoured to describe the usual progress of the primary, secondary, and anomalous symptoms, I have only to add a few remarks on the same disease, when it affects the female sex.

The progress of the secondary and anomalous symptoms is precisely the same in women as in men; and I know of no material difference in those called primary,

excepting some deviation which arises from the peculiar formation of the female pudenda.

A chancre cannot, in general, be long concealed in a man; for we have very few instances of this symptom affecting the urethra out of sight; and unless a complete phymosis prevents inspection between the glans and prepuce, there can be no concealment of disease between them. But the case is very different in women. For, besides the external parts, which admit of inspection, chancres may be seated internally, within the vagina: and there remain unnoticed and unknown, until the rise of a bubo gives the alarm, or till the sore, or sores within, having become irritable and tender, occasion a considerable discharge. They may even take place in the neck of the uterus. And as the female urethra is much wider than the male, and much shorter, it is more exposed to the contact of chancrous matter; and it is for that reason, that both chancres and verrucae do more frequently appear in the female, than male urethra.

Having shewn the slow and uninflamed

progress of the aphthous chancre, in the male, I need not repeat what has been already fully explained; but shall only say, that if this kind of chancre very frequently remains no larger than a pin's head, for four or five weeks, without either pain or considerable discharge in the one sex, so may it also in the other. And whenever that happens, and such chancre is situated out of sight, within the vagina, the woman so infected, may, during that space of time, have connections with several sound men; she may infect those men, and yet very naturally suppose, as she has neither the appearances nor the sensations of infection, that she is herself perfectly free from disease.

Impressed with these ideas I cannot but lament the obloquy, the contempt, and the permant misery too often attached to women of a certain description by our sex,—without remarking that women are too generally the victims, and men the first seducers—and that before we attempt to fix the consequences of infidelity upon them, we should reflect how perfectly ignorant they may be, of

being capable of giving infection, and how much detestation that man deserves, who, knowing his own diseased situation, yet does not scruple to have promiscuous intercourse with women. He cannot have, as to local symptoms, the same plea of ignorance; because however recent the infection received may be, the natural structure of his pudenda will give the fairest opportunity of inspection, and his situation may be known at a very early period. Not so in women. They may be pardoned not only for their ignorance, which is often the case, but from the impossibility and difficulty a professional man frequently has to determine whether a woman be or be not injured.

Every man must be extremely inattentive not to know when he is capable of giving infection. How many women have been injured by men with small incipient chancres; chancrous excoiation, and spongy, fungous excrescences; and yet these appearances are sufficiently evident, both to patient and practitioner, in men, although they may not be so in women.



EXPLANATION of the PLATES, taken from the *Osteographia* of the late Mr. CHESÉLDEN, to shew the appearance of a Caries from a venereal Cause.

P L A T E I.

F I G. I.

THE skull of a woman who died of the venereal disease.

- A. *The carious part of the skull.*
- B. *Great part of the upper jaw rotted away.*

F I G. II.

The skull of a man who died of the venereal disease.

- A. *The bones of the nose.*
- B. *The upper jaw.*
- C,C. *The orbits of the eyes.*
- D,D. *Processus jugales.*
- E,E. *Carious parts of the skull; the places which appear in shadow being exfoliated through both tables.*



PLATE . I

Fig. I

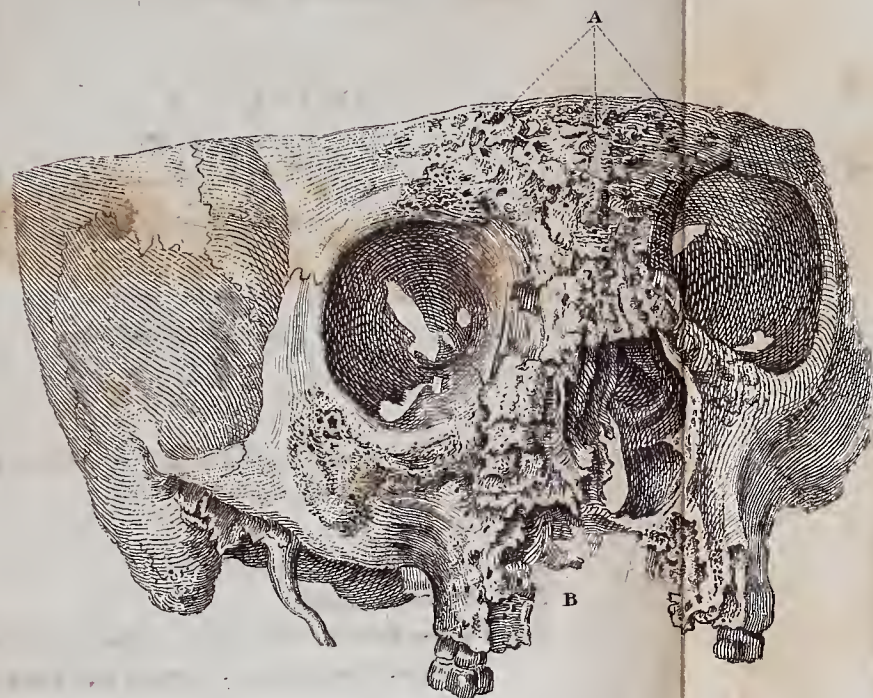
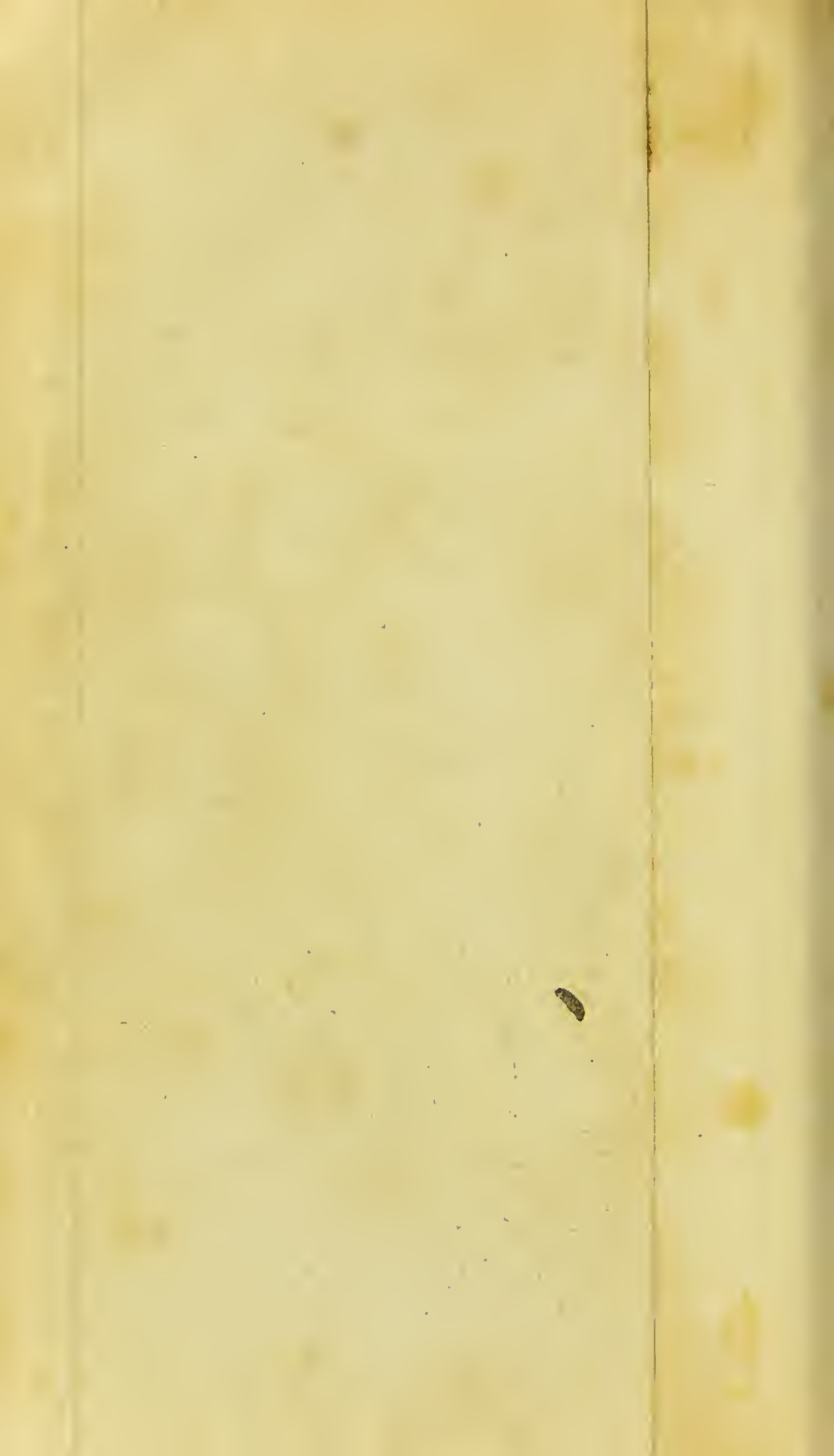


Fig. II











## P L A T E II.

BONES of a woman who died of the venereal disease, to whom the skull belonged in the preceding plate, and who had scarcely one sound bone.

## F I G. I.

## O S F E M O R I S.

- A. The head.
- B. Trocanter major.
- C. Trocanter minor.
- D. *Carious parts.*
- E,E. The lower apophyses.

## F I G. II.

## O S H U M E R I.

- A. The head.
- B. A process.
- C,C. *The carious parts.*
- D. The large sinus.
- E. The lower cartilagenous end.
- F. The inner protuberance.

## F I G. III.

## T I B I A.

- A. Insertion of the patella.
- B,B. *The carious parts.*
- C. The protuberance which forms the inner angle.

## F I B U L A.

- A. The upper end.
- B. *The carious parts.*
- C. The lower end.

PLATE . II

Fig. I



Fig. II

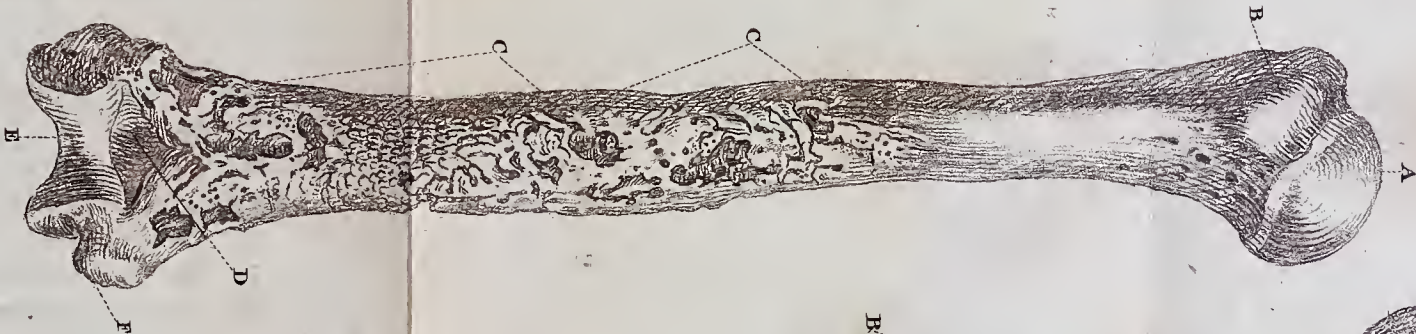


Fig. III

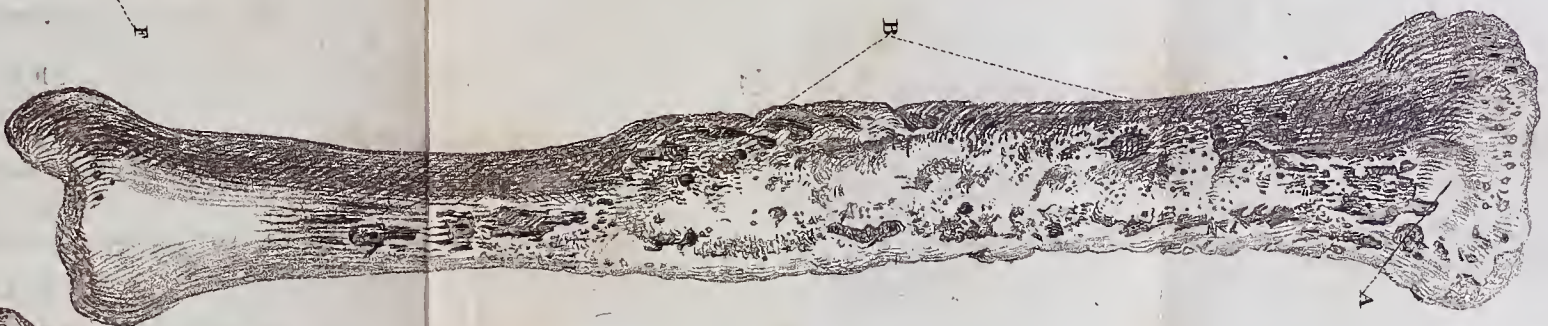


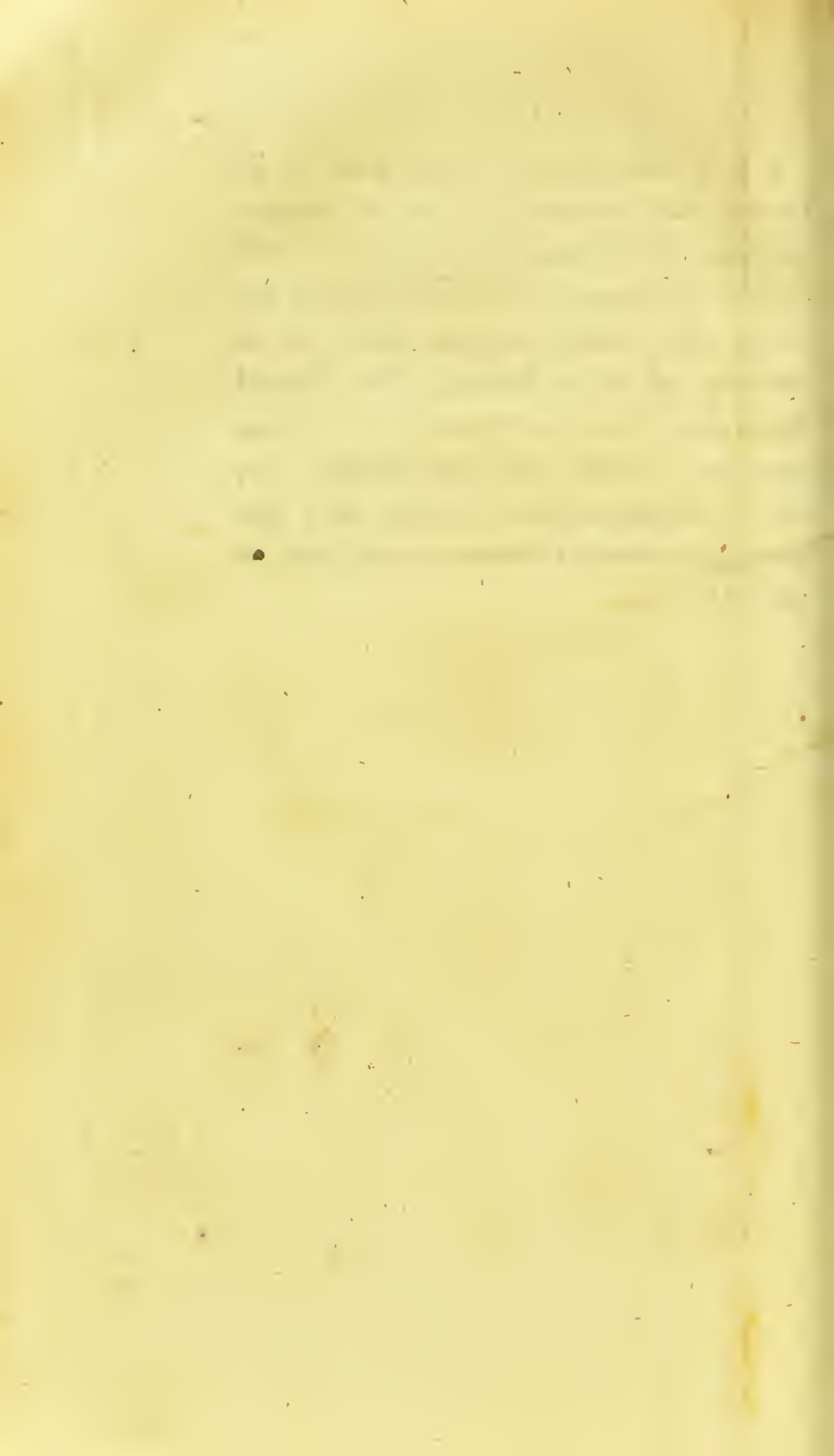
Fig. III





I have made choice of these plates to illustrate what has been said on that particular stage of the disease, in which the periosteum and bones are affected; because the author from whom they are taken, is an authority not to be doubted. The diseased appearances, which took place in the woman, shew very clearly, that the affection was, like a venereal eruption on the skin, general; and extended almost, to every bone of the body.





OBSERVATIONS  
ON THE  
NATURAL HISTORY  
OF THE  
VIRULENT GONORRŒA.

VOL. I.

N

# THE HISTORY OF THE



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CITY OF  
LONDON  
FROM THE  
FIRST  
SETTLING  
OF THE  
SACRED  
MONASTERY  
OF  
ST. PETER  
AND  
ST. PAUL  
BY  
THE  
REVEREND  
FATHER  
JOHN  
WILKINSON  
OF  
THE  
SACRED  
CONGREGATION  
OF  
ST. PETER  
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ST. PAUL  
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## GONORRHŒA.

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IT has been usual in every treatise on lues venerea to comprehend another disease, with which it has been generally supposed to bear a very close analogy. This disease has been called the virulent or venereal gonorrhœa. Whoever will be at the trouble of consulting some of the first writers in English surgery, long before the æra of lues venerea will find that a complaint very similar to the virulent gonorrhœa, was common in this country, and called the sickness of Brenning. And from the writings of others, anterior to them, it is probable that a species of gonorrhœa was known to the ancients, and might perhaps have existed among mankind from the earliest ages of the world. Every medical man is acquainted with the singular structure, and peculiar irritability, of the parts usually concerned in gonorrhœa. And it is



well known that the principal seat of these complaints is a very tender and sensible mucous membrane ; a membrane as liable to irritation as the membrana pituitaria narium, or mucous membrane of the lungs. We have diseases affecting the latter from cold, from scrophula, from a scorbutic indoles, and from irritation of various kinds ; and it is hardly possible to suppose that the parts of generation alone ; parts of all others in the human body, the most irritable, can be exempt from the common affections of other mucous surfaces.. It is still less possible to imagine that the large glands opening into, and having a communication with the urethra, or other parts in connection with it, can have the circumstances of the circulation of blood, and distribution of the nervous power, through them altered, so very frequently as we daily see they are, by a single idea of the mind, without inquiring whether such parts, so wonderful in their structure, have no diseases naturally appertaining to them ; abstracted from all infection whatever. That a gonorrhœa does sometimes arise without the most distant connection

With venereal infection, I have no doubt. That it has often been taken for venereal infection, I can readily believe : because the discrimination is not always easy ; but that every discoloured discharge from the urethra, in which there is the smallest appearance of inflammation, or heat of urine, should be called virulent, is what I cannot give my assent to.

Having elsewhere explained the authority, on which the supposed first appearance of the gonorrhœa virulenta, many years after the rise of lues venerea, stands ; I need not repeat it in this place. I must however remark that, great as that authority seems to be, and universal as the opinion has been, it is possible, that it may have had no foundation in truth. The greater part of the early writers had an idea that lues venerea was often blended with many other diseases, with which it certainly had no analogy ; and though they seem to have been perfectly well acquainted with some of its symptoms, yet it is plain, from the very erroneous manner in which they have sometimes classed them, that their notions were not always correct. Under the idea that, the ulceratio and

excoriatio canalis urinarii, the hernia humoralis and bubo, were merely local affections, it is possible, that Vigo may have classed the *first* with diseases of the virga, the *second* with herniæ, and the *third* with suppurations in the lymphatic glands of the groins. And this supposition will account for his omitting to mention them, in his tract on lues venerea. But this is opposed by the historic testimony of subsequent writers.

Having given the facts, as they appear in history, I leave every man to form his own opinion, and shall only observe, that it is extremely plain, from what he has said, of the disease he calls an ulceration and excoriation of the urinary canal, that it was in his time frequent; and it is equally certain that other writers, before the æra of the lues venerea, have noticed a similar complaint: but whether any of these were, what the later practitioners have called, venereal or virulent I cannot say. I rather think that they were not, but that there were then, as there are now, and probably ever have been, simple gonorrhœæ, which very much resemble the venereal. The assertion of Brasavolus, that

the true gonorrhœa was a new modification of the old, or venereal infection; seems to have been tacitly assented to in practice by the moderns: but without a direct avowal of the truth of that assertion, or proof that it was well founded. He described it, as they have done, with symptoms very different from those of chancre: but he believed, what many respectable practitioners of the present and past ages will not allow, that, at a late period, it was followed by secondary symptoms. What was originally a disputed point has continued so to the present day; and it has not yet been settled whether it is, or is not, a primordium of the lues venerea. For some consider it as leading to a general infection of the system; others call it a local infection only, in which the system is no otherwise concerned, than by the irritation which is sometimes raised.

The nature of venereal infection, is so very complex, and there are so many instances in which chancres have been for a length of time concealed, though they have ultimately appeared to have been combined with gonorrhœa, as a distinct origin of mischief; there is such



difficulty, in many cases, of discriminating the virulent from the simple gonorrhœa, and so little dependence to be placed on the accounts medical persons generally receive from their patients, that no doctrine or opinion, however specious or highly recommended, can, I believe, throw much light on the theory of this disease. It is to experiment alone that we must be indebted for the great leading fact; by which to determine whether, when the gonorrhœa virulenta is fairly characterised, it is a branch of the lues venerea, or not. If this was once ascertained, a very just idea of the disease might be founded upon it; and we should without hesitation, treat it as a modification of venereal infection, differing however in its symptoms from chancre, chancrous excoriation, or venereal bubo; so differing, that though infection might be supposed to have no considerable share in raising, and keeping up, the symptoms: yet would irritation and inflammation be considered as its prime agents. Of consequence the cure would turn on antiphlogistics, and relaxants, both internal and external, opiates, and the specific. And the stimulus of

the latter should be so counteracted during the treatment, as to do more service, as an anti-venereal, than hurt to the system, and part affected, as a stimulant. But though a theory, evidently leading to a practice somewhat like this, seems to have been adopted by Astruc and others, yet such a theory has been received, without a careful examination of the foundation on which it stands. The ingenious Mr. J. Hunter was of opinion, that the mere contact of chancrous matter, on a mucous surface, such as the urethra, would produce a gonorrhœa: and that the inoculation of the diseased mucus from the latter, would occasion a chancre: he may have been perfectly right in both opinions, but I wish them to be authenticated by a *number* of experiments. It is a matter of too much consequence to be decided in haste, either by a supposed fact on the one hand, or a single experiment on the other. With respect to the contact of chancrous matter on the surface of the urethra, Dr. W. Harrison, in a Thesis published at Edinburgh, in one thousand, seven hundred, and eighty-one, affirms the same. In his experiment chancrous

matter was, according to the London Medical Journal, introduced into the urethra, and it produced a gonorrhœa. As I have not seen the Thesis, but have the information from this periodical work, I know not the nature of the gonorrhœa which was produced. Variety of irritants will cause a running, a heat, and ardor urinæ, when applied to so irritable a surface, as the urethra; and, therefore, unless the whole progress of that factitious disease was clearly the same as in the common gonorrhœa virulenta, it cannot, I believe, shew that Mr. Hunter's opinion, with respect to the contact of chancreous matter is, perfectly just.

The second experiment of Dr. Harrison, made with a view to ascertain whether the inoculation of gonorrhœal matter, or mucus, would cause a chancre; produced neither chancre nor secondary symptoms. When the result of two inoculations, both made in precisely the same manner, and with the same fluid, differ so materially in the event, as Mr. Hunter's and Dr. Harrison's do, a doubt will naturally arise; and nothing can shew, the necessity of a minute attention to circumstances, more

strongly, than the contrast of the two experiments; nor point out more forcibly the propriety of prosecuting the inquiry further, and on a larger scale. The case of inoculation given by Mr. Hunter seems to be perfectly conclusive, but Dr. Harrison's experiment militates against it; and if it did not, the local effects on the part inoculated, described by Mr. Hunter, a critic would say, might be the effect of irritation; and the subsequent secondary symptoms might have originated in a latent disease, or former infection suppressed. In an experiment of such great importance, there should be no previous vice in the constitution, nor suspicion of vice. Mr. Hunter does not say a word on this head. But if there was not, and the matter from which Mr. Hunter took the infecting fluid, was gonorrhœal (and in this particular no one can suspect a mistake) the affinity between gonorrhœa and chancre, or gonorrhœa and lues venerea is, in my opinion, proved beyond a doubt.

If Mr. Hunter and Dr. Harrison's opinions, with respect to the effect arising from the mere contact of chancrous matter, are well founded,



I cannot reconcile historic testimony with these facts, but by supposing that a constitution, in which mercury has not long before been freely introduced, is capable of modifying infection so much, that the contact of chancrous matter shall produce only a gonorrhœa; when in another, not so circumstanced, with respect to this medicine, the same infecting fluid shall cause a chancre.

But even this opinion will be overturned, if the fact be, that chancrous matter will, by simple contact, communicate gonorrhœa to a constitution, not under the influence of mercury.

Having explained the nature of the historic evidence, which makes the gonorrhœa virulenta a modification of lues venerea, and the result of some late experiments, which seem to lead to the same fact, though in my opinion they do not fully prove it; I can only say, that in a matter, in which there still appears to be room for doubt, I know of no road to truth so short, and so easy, as that of further experiment; nor any that can be put in competition with it, in point of certainty. To this I must therefore leave it, and shall only endeavour, (without attempting

to ascertain absolutely, whether the gonorrhœa be a modification of venereal infection or not) to describe and discriminate it, in the best manner I am able, from the simple gonorrhœa, and some other affections of the urethra. At the same time I may be permitted, I hope, to wish that the experiments, to which I have alluded, may be conducted upon a large scale, and performed first with chancrous matter, fairly applied to a mucous surface; and then, that the mucous of a gonorrhœa, when inoculated, may be taken from the different species of this complaint, in different stages of the disease: in order that we may not only determine more fully, the above original question, whether or no the gonorrhœa virulenta is a branch of lues venerea, but also be enabled to distinguish, with some degree of certainty, those gonorrhœæ which are, and those which are not, venereal; and thus form something more than conjecture, whether gonorrhœa is infectious or not, either by the mere contact of its proper mucous, or by its inoculation; and, if infectious, at what period of its progress, it ceases to have the property of communicating disease.

These are a few of the obvious uses to which experiments, so conducted, might be applied; and without them, I fear, we can neither establish a just theory of the gonorrhœa, nor direct the most successful method of treating it.

With respect to the difference in opinion, which prevails amongst practitioners, about the remote consequences of the gonorrhœa; some believing, others rejecting the idea that it leads to secondary symptoms of lues venerea: I do not know, even if the two facts were incontrovertibly established by experiment, viz. that the mere contact of diseased mucous would produce gonorrhœa, and its inoculation in another person cause a chancre, that such experiments could settle the point; because the gonorrhœa has certainly a course (if not a cure) of its own, no more like the course of a chancre, than is the progress of the itch like that of a common inflammatory catarrh. It is hardly necessary to compare the immense difference of the symptoms raised by a chancre, with those of the gonorrhœa. I shall only beg leave to observe, in support of the opinion, that gonorrhœa does not lead to the same re-

made curious notice as a chancre, that some of the greatest men, of the past and present century, have held that, when the discharge was not suppressed, the disease had no such tendency: had they lived at this time, they would probably have gone a step farther; they would have seen, after the very free manner, in which injections have been employed to check this discharge, in every stage of the disease, for weeks and months together, that the same sort of symptoms did not follow such a suppression, as now follows, and ever has followed, the premature healing of a chancre. They would have seen that those who use mercury, as a specific in gonorrhoea, employ it in such a manner, and in so small a quantity, that, if there really is venereal infection in this complaint, it must certainly be of a subordinate kind; and by no means in proportion to that of chancre: for such a quantity will not even check the progress, much less cure a chancre. And they would have been led to make this further remark, that cures were daily performed in gonorrhoea, though this quantity was so very trifling, that, so far from its acting as an anti-



venereal, it seems rather to operate simply as an ameliorant : and upon the same principle, that it produces good suppuration, and healthy granulations in common wounds, or ulcerations, it probably brings on a laudable secretion from a mucous membrane.

A bubo sometimes arises from a suppressed clap, and on this circumstance a great stress has been laid. The fact is certain. But the inferences drawn from it are not equally just. In the first place there is no direct evidence to prove that secondary symptoms have ever been the consequences of such a bubo, nor if there was, can it, I believe, be thence inferred that such secondary symptoms were the genuine consequences of a gonorrhœa. Because a bubo may also arise as a distinct species of infection ; as one of the primordia of the lues venerea ; as for example, when it appears as the first symptom without chancre. And it is even probable that the venereal chancrous poison may sometimes pass on from the place of insertion into the circulation, without inflaming the lymphatic glands, and without the regular appearance of a chancre. When these circumstances are

added, to what has elsewhere been said, on the lateness at which both primary and secondary symptoms of lues do sometimes appear, they will shew that it is not only difficult, but hardly possible, to trace the secondary symptoms of the venereal disease from a virulent gonorrhœa.

I have often known those who have had claps, have also, at a remote period, secondary symptoms of lues. But upon investigating the matter thoroughly, I have always found that they have also had other syphilitic symptoms.

So that unless a fair instance could be adduced of a patient having secondary symptoms from a clap, who has never been infected with the prinordia of lues venerea, it can prove nothing. Such an instance I have never yet seen, nor if I had, do I believe, for reasons already given, that would be perfectly conclusive.

It has been supposed that venereal matter, in order to the production of gonorrhœa, is first attached to the natural mucous of the parts—that this is its nidus, and that thence the disease is propagated to the urethra, &c. Agreeable to this theory the washing off the infected mucous

by such applications as combine chymically with it, has been recommended, and on this principle a solution of the caustic alkali has been used.

That the natural mucous may in this way become affected is probable. But when the disease has actually taken place, it is the state of the urethra, and constitution of the patient that are the principal objects; and according to the irritability of these, so are the symptoms mild or otherwise. This, I would therefore call the disease. The application of cold, often produces fever, but that fever when so produced is a distinct thing from the cause which gave rise to it—the contact of chancrous matter, may cause a clap—the mucous of that clap may be infectious, but the disease consists in a general irritability of the urethra, and parts in immediate connexion with it; in an irritability *sui generis*, produced in a manner to me unknown, but probably by a peculiar modification of venereal or syphilitic infection; and this definition of the disease corresponds with the facts observable in its cure. Neither caustic, alkali, nor the general effects of mer-

cury tend in the smallest degree to lessen the high inflammatory symptoms of a clap; on the contrary they would most certainly increase them. But I think there can be little doubt of the disease being curable with the utmost ease by the help of mercury; after these symptoms have been quieted; and it is certain that, in many instances, when the inflammation has been properly kept under, the disease has gradually gone off without the assistance of that medicine.

A gentleman who had contracted a number of chancres round the corona glandis, and internal parts of the prepuce, was cured within the space of six weeks by an alterative mercurial course. In about a week from the discontinuance of mercury, he had a fresh connexion, from which he soon perceived a tendency to a phymosis—a contracted prepuce, and a large gleety kind of discharge from both the glans and prepuce, but without an appearance of inflammation at the mouth of the urethra. His regimen was antiphlogistic, with ext. thebaïc gr. i. omni nocte, elect. aper. pro re natâ, and as a topic, he used a weak calomel wash to the



glans, and prepuce only, without injecting any portion of it into the urethra.—Immediately upon the use of this topic, the discharge from the glans and prepuce ceased, great ardor urinæ followed at the orifice of the urethra, and throughout the whole of that membrane, with frequent desire, and irritation to make water; the quantity of which, at each effort was small, though the efforts themselves were sometimes so violent, that blood generally came away with the urine. He had all these symptoms, without the smallest degree of symptomatic fever, and without either pain or tenderness in the neighbourhood of the prostate. These symptoms continued for some days, notwithstanding the immediate discontinuance of the wash, and the use of other means more adapted to his present state. As the pain and uneasiness of the orifice of the urethra diminished, so did the heat and pain higher up in the passage increase, till at length they reached the prostate. The chordee then became exceedingly troublesome; there was pain and tenderness in the neighbourhood of the rectum, with more frequent irritations to urine. The discharge from the urethra

all this time was so very inconsiderable, that it could scarcely be perceived on his linen. When the chordee became violent, and the seat of the inflammation had moved to the neck of the bladder, and was high up in the urethra, he became feverish. Besides other antiphlogistic remedies he was now twice bled; bladders of warm water had been used before, and also the warm bath. These were now employed more frequently, and he took the opiate night and morning. After the first bleeding he rubbed ung. mercur. fort. ʒii. into the perinæum, the ointment was omitted the next day, and he was bled again on the subsequent one; upon which the symptoms were greatly relieved. He rubbed in three times more, and after the fourth friction, his mouth became slightly affected. I impute the subsidence of the symptoms principally to the second bleeding, for the other means had not relieved him, and the first dose of mercury had not yet shewn any of its effects on the system. The tenderness of the mouth was kept up for a few days by a small dose of calomel omni nocte, and the latter was continued with the opiate, bladders of

warm water, &c. and in about six weeks, from the first attack, the cure was completed. As the inflammatory symptoms remitted, so did a running from the urethra come on, with a lodgment near the orifice, and the usual appearance of a common gonorrhœa virulenta.

This case seems to have been very similar to that gonorrhœa described by Sydenham, in which he observed an oozing of matter from the glans; and also like that mentioned by Astruc in which a similar kind of fluid was wiped from the mucous criptæ of a female.

If this gonorrhœa had consisted in a morbid alteration of the mucous of the glans, merely keeping the mucous criptæ of the latter cool, by the calomel wash could not, I think, have produced the consequences which followed; it seems more probable that the whole urethra, and perhaps other parts in connexion with it, had deeply imbibed the poisonous effluvia (if such they are): and that the oozing, or discharge, was rather the consequence of a general affection of the glans and urethra, than of the mucus of the glans

only. In this case there seems to have been a translation of disease, not a simple metastasis of inflammation, for the glans could not be said to be inflamed when the wash was applied. It was not a disease of the glans, or of its criptæ simply, but of the *whole urethra*, which was probably in a state of general turgescence, verging to inflammation. This, the discharge from the glans, if it had continued, would probably have lessened, but as it was checked, it caused an increase of that fulness high up in the urethra, which was not at length diminished till the part was unloaded by the means employed to combat the symptoms. And when this was done, and not before, the discharge from the urethra came on, and continued till the disease was removed.

Nothing can put the difference between gonorrhœa and chancre in a stronger light, than the bare comparison of the metastasis which occurred in this case, with the consequences of a true chancre; from the premature healing of which we have frequently a bubo, but never this kind of translation of disease from the surface and substance of the glans to the urethra.



I cannot determine whether such an affection of the glans as that just described, would ever degenerate into a state that could fairly be called chancrous, but I think it very probable that it would not. But if that were really the fact, it could not be a true chancre, but a species of chancrous excoriation only.

From what has been said, it will appear, that a translation of disease like that just described, can never be the consequence of a true chancre; on the contrary, this translation is the great characteristic of a gonorrhœa virulenta; in which it may take place at an early period; and before the coming on of inflammatory symptoms.

A gonorrhœa will sometimes come on with the same kind of copious discharge, as in the preceding case, but arising from the urethra only, without any appearance of inflammation at the orifice.

But its general mode of attack differs from both these cases. In a few days, sometimes in a few hours from the receipt of infection, the person injured feels an unusual rather pleasing sensation along the urethra and at the orifice;

which soon becomes wider, and its vessels appear more turgid than natural. From this part a small quantity of a colourless or white mucus is first discharged, generally thin, but sometimes ropy. As the disease increases in date, all these appearances are gradually altered for the worse, the orifice looks more inflamed, gapes wider, the secreted fluid is thinner, increased in quantity, and of a greenish or yellow hue. Upon pressing the sides of the orifice together, a degree of heat is perceived with an unusual sense of fulness in the cellular texture of the urethra. Sometimes there is a general redness and seeming fulness of the glans; sometimes these appearances extend but for a short space around the edge of the urethra. The inflammation and discharge continuing, the very irritable surface of the urethra is soon deprived of its glazing; it becomes exposed, and now the urine (which in a natural state of this part, produces no kind of inconvenience or pain) acts as a powerful stimulant, and in passing along the denuded membrane causes that sensation, which has been called heat or scalding; and according to the extent of the inflammation

and denudation of the surface, so is this pain felt in a small portion of the urethra only, or throughout its whole track. The inflammation and discharge continuing, a very unnatural degree of irritability is soon generated in the urethra, and in all the parts in immediate connexion with it, which extends from the orifice of the membrane to the neck of the bladder. An extent, taking in, besides the corpora cavernosa penis and spongy cellular substance of the urethra, not only the smaller lacunæ of the membrane, cowpers and the prostate glands, but the testes themselves, and the lymphatic glands in each groin. As this irritability comes on, so does the symptom called a chordee, which is at first not very painful, but increases as the general inflammation advances, and as the chordee grows in violence, so does the discharge generally diminish in quantity. And this is a proof that the disease has gained its acmé. The circumstances of the gonorrhœa are now very materially altered; inasmuch as there is a great general irritability of all the parts with a diminution of the increased secretion from the mucous membrane. A si-

tuation, of all others perhaps, the most favourable to suppuration in inflammatory habits, and to the usual termination of an erysipelas into a slough in those whose habits have been vitiated by intemperance—And it is also a situation in which a *metastasis*, either as the offspring of infection, the product of inflammation, or as the joint effect of both, may very readily take place. And *this*, forms the most distinguishing feature in the disease.

If the translation or metastasis be made to the deep seated parts of the urethra, at a distance from its orifice, the foundation for a future stricture may be made juxta perinæum; or the inflammation may run so high as to terminate in an abscess; in which case, a small portion or spot of the urethra, generally sloughs; matter is formed in its cellular substance, which when let out is of a peculiar kind, consisting of urine mixed with pus; the cavity of this abscess leads into the urethra, and a small portion of urine generally passes through the external opening.



If the translation be to the prostate, there will be a dull, deep seated pain in the neighbourhood of this gland, and an uneasy sense of weight at, what the patient thinks or calls, the root of the urethra. Upon examining per anum, the gland will feel larger than natural, and it will be in some measure tender to the touch—there is frequently a sense of want of room in the rectum, upon the evacuation of a figured stool; there will be sometimes a momentary pain shooting up the gut; a frequent attempt to discharge the urine without the ability to do it; at other times, a small quantity only of urine will follow the effort: to one or more of these symptoms, there is sometimes joined a tenesmus. If the translation be to the membranous part of the urethra; this may, unless timely remedied, end in a slough: if to that part of the urethra where the vasa deferentia open into the cavity, or near it, a hernia humoralis may arise from sympathy or consent: if it be to the epididymis, tunica albuginea, tunica vaginalis, or testis, the same symp-

tom may occur; and sometimes from the general irritability of all the parts, a bubo will arise. Be the translation where it may: so long as the inflammation is violent, or confined to the part affected with the metastasis, so long is the running either greatly diminished, or wholly checked. And in the two cases of hernia humoralis and bubo, the heat of urine, and chordee are generally removed; and what is very remarkable upon the removal of these symptoms, the running returns, but in a smaller quantity than before: sometimes with only a slight degree of inflammation, heat of urine and chordee, but most frequently without any of these symptoms; so that it seems, as if the disease was actually cured, and reduced to a mere gleet, by the preceding metastasis; and this in my opinion points out the great utility of raising an artificial inflammation in some cases of gonorrhœa, as a means of quieting the local symptoms.—It has been usual in all other inflammations to draw off the circulation and nervous power from the part inflamed, after the use of anti-

phlogistics, by blistering and other irritants.— The fear that cantharides would operate on the neck of the bladder in gonorrhœa, is, I suppose, the reason why the same kind of practice has not been followed in this disease. But surely there are various other ways of fulfilling the same intention, without the supposed hazard annexed to blistering.

That stage of gonorrhœa, in which the chordee and irritability of the membrane are the greatest, (whether the discharge be considerable, or somewhat diminished) requires of all others, the nicest management; because inflammation having now taken deep possession, not only of the mucous membrane itself, but of the cellular substance, with which it is very intimately connected; if the symptoms run high, the transition from such a state to a true phlegmonous inflammation, with a total or partial stoppage of the natural means of cure is extremely easy. Should this happen; pain, heat, hardness in perinæo, or in any part of the urethra, may take place; and if not timely prevented, an abscess be the consequence. But

this truly disagreeable termination to the inflammation will seldom, if ever, occur, whilst the discharge continues copious. The two states, that of high inflammation verging to suppuration, and that of considerable increased secretion from the surface of the urethra, are mutual checks, or opposites, the one to the other, and both of them can never subsist at the same time. It is true, it is no uncommon thing to have high inflammatory symptoms, with a copious discharge per urethram; so high as to have great dysury, heat in perinæo, and even an inflammatory affection of the neck of the bladder; but so long as the discharge continues, so long may an abscess be obviated with the utmost ease. And even if no means preventive of inflammation are employed, it is probable that the inflammatory symptoms would in some cases, at length, subside of themselves. But as no judicious practitioner, would under such circumstances, think of trusting to this natural kind of remedy alone, so it behoves him not to overlook it, or suppose that, because he can



lower the inflammatory symptoms by art, he is therefore to neglect; this salutary operation of nature. Whoever seriously reflects on the great importance of bringing on, and keeping up a spitting in peripneumonic inflammations, will see the propriety of not checking the running in gonorrhœa, whilst all the parts in connexion with the uræthra, are in the very irritable state above supposed. To which it may perhaps be objected, that the parallel is by no means just; that there is infection operating in the one case, and no infection in the other. But this is only a partial statement of the fact. For with respect to gonorrhœa, the violence of the symptoms does not so much depend on infection, as on the constitution, or temperament that receives it; for this complaint will ever be most violent in those who are most inclined to inflammatory diathesis, from what cause soever that may have arisen; thus for example, it is always more troublesome in a young, robust, sanguineous, than in a phlegmatic habit, though infection is probably, in an equal degree, in

each. And the difference of habit, as acted upon by gonorrhœa, is still more conspicuous; when a disposition to scrofula, or scorbutic acrimony, is joined to a young, robust, sanguineous temperament. Infection then may be the original cause; but it is habit, and it may be, whatever disposes to inflammation, that must give that infection, force and energy.

The discharge, when very great in such inflammatory habits, has also been supposed to be the great circumstance which keeps up the symptoms, and therefore attempts have been made to check and correct its supposed virulency, by injections. But the discharge in a phlegmatic habit, however large, produces no violent symptoms; it must therefore be constitution and a predisposition to inflammatory diathesis, which make the immense difference we daily see between one gonorrhœa and another. And, I believe, it is well known, that these circumstances cause great variety in the symptoms of every inflammation. In the erysipelatous habit a disposition to metastasis arises, which is clearly

the product of inflammation, without the admixture of any virus whatever; on the contrary, there is no such disposition in the opposite constitution. And if I had not proved that a metastasis might take place in gonorrhœa, at an early period, and before the appearance of inflammation, it might be said that this circumstance of the disease might arise from the latter alone: but probably it is the joint product of infection and inflammation. Be it where it may, at this period, it evidently shews a partial determination of the living power and of blood, to certain parts, and seems to be (if I may use that expression) a *local mobility* of the nervous power: I say *local*, for the mobility or metastasis is, I believe, confined to the parts of generation only. The learned Van Swietan has described a metastasis, from a gonorrhœa to the coats of the eye; I have seen the circumstance but once in my life, and in that case, if gonorrhœal matter had not been applied locally to the eye which was most probable, the disease might have originated from a latent pox—for the same



person had very soon after an extravasation of fluid of the glairy kind near the joint of the knee, which I attributed to that cause; and he was also of a gouty habit.

The different inflammations, arising from metastasis in this disease, have been supposed to originate in a translation of matter. But, as has been already hinted, I must rather attribute them to an acquired mobility of the nervous power of the parts affected. But whether that mobility be morbid, that is, venereal or not; or whether it be generated by inflammation, is difficult to say. The metastases in gonorrhœa very much resemble the translations of inflammation which occur in some habits from erysipelas, gout, and rheumatism.—Diseases, in which the existence of a specific matter has, with great reason, been doubted.

The translation in a gonorrhœa sometimes takes place much later in the disease, than in the instance given above. It is no uncommon thing for a sudden redness and inflammation to attack the glans, whilst the natural means of cure, the running, is going



on from the urethra: if this inflammation is considerable and continues, the discharge from the urethra may cease; remove this affection from the glans, and the original disease returns to its former seat. There is, therefore, a consent between the glans externally and the surface of the urethra internally, and the inflammation and increased secretion of the one part may be readily transferred to the other. In like manner I have known the metastasis first shew itself on the testicle and epidydimis, producing hernia humoralis; then leave these parts and appear on the skin of the scrotum; and lastly, though the running has been either partially or totally stopped for a time by the inflammation, yet it has returned again to the urethra. This secondary running, after hernia humoralis is generally obstinate, and continues with great permanency to tease the patient, and seldom leaves him till the testicle and epidydimis are nearly reduced. It is in short the natural termination of this inflammatory affection, and should not therefore be checked. The hernia humoralis is

most frequently an inflammatory enlargement of both testicle and epididymis, sometimes of the latter only;—the inflammation when at its height is often very violent, producing symptomatic fever, great pain, tenderness, &c. and there is sometimes a corresponding very painful affection of the spermatic chord. In many cases, the gland itself and its investing coats are the seat of the inflammation, and when the inflammatory tension of these diminishes, the excretory part of the gland, the epididymis, leading to the *vas deferens*, sometimes becomes loaded. And this is a proof, that in consequence of the preceding inflammation in the body of the testicle, a secretion of some sort or other has taken place from it, which is now endeavouring to pass by the same route, that the semen does naturally, along the *vas deferens*; and so into the urethra. And this is another reason why the discharge should not be hastily stopped after *hernia humoralis*.

Even with the best assistance from art, and the natural means of cure, the testicle

and epididymis, after the subsidence of the inflammation, will sometimes continue considerably enlarged for weeks or months. The ease and certainty with which this symptom generally yields to the usual remedies, when taken early, and no artificial means have been employed to check the running, convince me that on the latter there ought to be great dependence. Nothing is more common than to suppose a scrophulous tendency when the enlargement left, after the going off of the inflammation remains obstinate. This is certainly sometimes the case, but for one real scrophulous affection of this part, there are many supposed to be so: and the obstinacy of the symptom is much more frequently owing to obstruction in the excretory part of the gland, or irritation, near the *caput gallinaginis*.

If it be also considered that a *hernia humoralis* frequently comes on, not from metastasis, but from obstruction, irritation, and inflammation, in the neck of the bladder; the doctrine laid down, with respect to the discharge from the urethra, is more



worthy of attention, because it is also the natural cure for these affections, and is probably a powerful means of obviating a diseased prostate, and stricture.

The prostate gland seldom suffers from inflammation in gonorrhœa without a correspondent affection of that part of the urethra nearest to it—And whether it enlarges simply from metastasis, or the extension of the inflammation from the urethra; in either case, the natural means of cure, the discharge, is checked during the inflammatory stage of the complaint, and resolution can never take place fully till that discharge returns.—It should, therefore, be encouraged by relaxants.

I believe that nocturnal emissions also *tend* to the same end—and have a powerful effect in unloading the tumified gland. As the inflammation is a phlegmonous one, if it does not subside, but proceeds with the neighbouring parts towards suppuration—to all the ill consequences arising from mere induration, may be added those also from stricture, and abscess in perinæo. When it gets into a



diseased state, like every other glandular part, on which irritation has been long kept up, it becomes highly irritable—the frequent inclination to urine—the pain, and if an external opening has been formed, the discharge and irritability of the sore, tend to quicken the pulse, and make the patient hectic—and in this situation, exhausted by the drain, and worn out with constant irritation, he yields to his fate—This train of consequences I have too frequently seen, from the progress of phlegimonous inflammation in the neck of the bladder, without the admixture of any scrophulous taint. But there is no doubt when this circumstance is added to those before mentioned, that it greatly aggravates the other symptoms.

Having pointed out the important uses of the natural means of cure, and mentioned some of the accidents that may arise from checking the discharge too much, during an high inflammatory state of the urethra, which for the most part comes on immediately, or very soon after such check; I must now endeavour to describe the incon-

veniences of suffering irritation and inflammation to continue too long, when no restraint has been put to this secretion—Those, may be considered as early; but these are, late symptoms.

I will now suppose that none of the various accidents, above described, have taken place; but that the gonorrhœa has gone on regularly in its course till the inflammation is at its height, with more or less of a chordee; and a purulent secretion, but that secretion diminished, by the natural progress of the symptoms. If in such state, irritation be long kept up in the urethra; what was in the first stage of the clap, inflammation principally, at the orifice of the membrane; and what in the second, was a general one, extending from that orifice to the neck of the bladder, may become a partial affection of some one particular spot of the urethra only —The inflammation is no longer equally diffused throughout the whole membrane, but it is, as it were, centered, to a single point. There the patient feels unusual pain, whenever the urine passes over it. Thence,

comes a thin gleety kind of discharge, sometimes without, but oftener with chordee. This kind of affection is, I believe, the general precursor to a future stricture. And though I can by no means allow of the existence of an internal ulceration, in the more early stages of a gonorrhœa; yet this partial affection of the urethra, seems to be analogous to common ulceration on other parts of the body; but it is rather the consequence of long continued inflammation, than of infection, in a mucous membrane.

In the last stage of a dysentery, there is frequently an ulceration and partial concentration of disease in the colon and rectum, though the part originally affected was the small intestines. So in gonorrhœa, if the irritation be long kept up, one particular part of the passage may become more affected than the rest of the canal: if the disease is not checked by injections, the affection is principally within a small distance of the orifice, in the large lacunæ of the urethra; this being the spot, that receives the stimulating secretion from every other part of the



passage. But, if injections, or other means of checking the discharge, have been used prematurely, the ulceration may be higher up in any part of the urethra, beyond the reach of the syringe. Ulceration may also take place internally from a partial sloughing of the mucous membrane.

The healing of the ulcerations is tedious, and often extremely difficult; but be the period of healing what it may, for the whole of that time there is more or less of a gleet. And as the sore heals, a preternatural contraction gradually takes place at this diseased part of the passage. The fine cellular texture of the urethra, surrounding the ulceration, is lost or obliterated, by the cells having grown together, and a greater or less degree of stricture remains ever after. It has been often matter of surprise to me,<sup>a</sup> that strictures do not always produce their usual symptoms, immediately upon the suppression of the kind of gleet above-mentioned. They certainly sometimes do, but they frequently do not; on the contrary, the latent complaint sometimes continues for years, till that rigidity which seems



to be the natural consequence of time and of age, gives a considerable degree of contraction to the imperfect, or half formed cicatrix. The symptoms then become pressing; the stream of urine is not only small, but the natural passage is so diminished in diameter, that the urine often comes away by drops, with dysury and heat. The patient often gets up in bed at night, with an inclination to discharge his urine, which comes away in small quantities, but sometimes his efforts are painfully fruitless. The urine is sometimes free from mucous sediment, but very frequently the chamber pot shews this kind of deposit, which sometimes subsides without adhering, and sometimes adheres in considerable quantities to its bottom. It is fortunate for the patient when this discharge makes its way along the cavity of the urethra, because it is then discharged, without the inconvenience of an external abscess. But sometimes the latent mischief undermines the urethra, and parts in close connexion with it internally, till at length an inflammation in perinæo arises, which goes

on to suppuration; the matter is let out, or discharges itself; the external opening communicates with the cavity of the urethra, and through this opening a small portion of urine escapes whenever the bladder is emptied, and being in a membrane that has been long diseased, sinuses run off from it, in various directions. When the matter has been lately let out, the disease has been called an abscess; when the opening has subsisted a considerable time, a fistula in perinæo. To add to the dreadful consequences of these cases, there is sometimes a diseased prostate joined to the abscess or fistula.

The truly distressing complaints, just described, may and often are produced by mismanagement during the inflammatory stage of a clap. But it is necessary, that the young practitioner should also know, that these remote consequences, namely, stricture, abscess, fistula in perinæo, and diseased prostate may arise from the suppression, of what may be called, a very trifling clap, even in its early stage, at a time when the symptoms of in-

flammation are extremely slight. And I have more than once been able to trace each of these unfortunate circumstances, to the use of a sedative injection. So difficult it is to form a right judgment of a supposed cure, so various are the symptoms of the disease, and so dangerous may its consequences be!

Having finished all I have to say, on the great infortunia of the disease, I must beg leave to call the Reader's attention once more, to the inflammatory stage of it, with an attendant chordee, and diminished increased secretion. If, at this period, and under these circumstances, the disposition to inflammation be properly kept under, the chordee will be less violent; the secretion will increase again with less acrimony than before; the heat of urine, and general irritability of all the parts, will become daily less and less: and as the secretion is an evacuation, immediately from a part that was once inflamed, but which is now in a state of relaxation, the vessels of that part, will of course be unloaded; till at length with the subsidence of the other symptoms, the increased secretion becomes trifling in quantity and



and perfectly innoxious in quality; it is no longer purulent, and may be said to resemble the white of an egg, or a solution of gum arabic in water.

In this suite of symptoms (leaving the infortunia of the disease out of the question) the ardor urinæ with small discharge, and the inflamed open orifice take the lead; the general inflammation of the membrane comes on next; and lastly the chordee. As to the disposition to metastasis, which may be supposed to exist in this disease, if not from its beginning, at least during the height of the inflammatory symptoms; I can only say, that if the gonorrhœa be suffered to pursue its own course without check, such metastasis may never shew itself: it may notwithstanding make an essential part of the disease, and in this light when it can be known, it may be considered as a leading mark of discrimination. But as it sometimes does, and sometimes does not appear, not even when the discharge has been prematurely checked. It may be asked, how is the virulent gonorrhœa to be distinguished without this circumstance? It may be generally known by the inflamed open orifice, the purulent dis-



charge, the ardor urinæ, the general progress of the symptoms as they come on in succession; by the regularity and permanency with which they hold their respective courses; and lastly, by the chordee. A great stress has been laid on the inflamed open orifice, as a mark of discrimination: it certainly sometimes occurs in cases, not venereal.—A gentleman who constantly kept the glans, and consequently the orifice of the urethra uncovered by the prepuce, had very frequently from the friction of the orifice, against the rough serge lining to the flap of his breeches in cold weather, a running, a heat, and inflamed orifice, and it was cured simply by defending the part from irritation, with a piece of common plaster.

It is very difficult, and I believe in some cases hardly possible, to know the disease when in its infancy; time alone must discover its true character; and modern industry does not seem to me to have made much progress in this matter. What was long ago a difficulty to Fallopius,\* has remained a difficulty to the present

\* Gonorrhœa decocto curatur, non per localia: sed quis quæret quomodo cognoscitur hæc gonorrhœa gallica a non

day. If in the first stage of gonorrhœa, there is no symptom of inflammation, no inflamed open orifice or heat, but simply a running, either with or without a slight appearance of purulency, the diagnosis of the disease, has ever appeared to me doubtful ; and it is only by

gallica, hoc opus, hic labor est ; nam in gonorrhœa gallica, adest idem color seminis et uti ex coitu una provenit, ita et altera ; habemus tamen conjecturas, et ego multas, habeo ; prima est quando incipit gonorrhœa gallica, non est ardor vel pruritus ingens, qui est in non gallica, in quâ exulceratur canalis urinaris et tunc succedit stranguria, qui est appetitus semper mingendi ; secundum indicium est, ex diurnitate, quia gallica longa est ; non gallica, citius cedit nisi fuerit ex eatarrho. Tertium, quod in gonorrhœa non gallica (si copiosa est) consequitur corporis consumptio ; gallica etiam diuturnissima non ita absorbet corpus ; præterea gonorrhœa gallica brevi tempore spatio semel coeundo concepitur. Ultimo, gonorrhœæ gallicæ non possunt cedere medicamentis localibus, reliquæ per inunctionem testium, renum et assumptionem medicamentorum per os cedunt facilius. Sanamus autem gallicas : per decoctum guaiacæ et salsæ ; ad localia raro venio, quia raro succedunt.

It is remarkable that this author who wrote many years after Vigo (who does not mention a gonorrhœa, but the exulceratio canalis urinaris) should call the simple gonorrhœa viz. the gonorrhœa non gallica, an ulceration of the urinary canal ; and this is some kind of proof, that Vigo did not know the gonorrhœa gallica.

the symptoms arising during its progress, that it can then, be distinguished from some kinds of gleet, and from other gonorrhœæ, which may be called *simple*.

*These*, generally come on very soon after connection, without an inflamed orifice ; sometimes with a thin, sometimes with a somewhat viscid kind of discharge, which stiffens the linen ; it is generally copious from the beginning ; sometimes slightly purulent or pus-like, and sometimes not ; it may be attended with very slight ardor urinæ, or may not ; there is rather local irritation than inflammation, and the disease hardly ever amounts to a slight chordee, but after the glands have discharged themselves, rather plentifully for a few days, the running ceases ; in this manner it will sometimes run its course within the short space of a week or ten days, but it may continue longer ; a discharge like this may come on from a primary affection of Cowper's glands or the prostate from the reproduction of an old gleet ; and from scrophula, or scorbutic acrimony. That the last two should be causes of gonor-

rhœa, is not to be wondered at, when it is considered, that habits subject to these vices, are liable to morbid affections of the finer glandular secretions, thus the ciliary glands of the eye-lids; the internal membrane of the nose; and to come nearer to the present point, the glands and prepuce are very frequently inflamed, excoriated, and have an increased discharge from them, without the admixture of any, the smallest portion of venereal leaven, and evidently from these causes.

A little attention to the marks of discrimination given above, will, I flatter myself, enable the young practitioner to distinguish these cases from the gonorrhœa virulenta, when they are not accompanied with much inflammation; when they are, the diagnosis is certainly difficult; but even in that case, a due regard to the progress of the symptoms and appearances will generally lead him right. In exercising his judgment in this matter, he must place but little reliance on the purulency of the running, as a mark of virulence; for the increased secretion even from a common catarrh, is frequently both purulent and green.



A man possessed with scepticism, who did not believe in the general doctrine, that the gonorrhœa was a subordinate branch of the lues venerea, may perhaps say, that what was known long before the æra of that disease, under the name of Brenning, was no other than what we now call a virulent gonorrhœa; that it may arise in various ways, and from causes specifically different from venereal infection; that it may be produced by the pediculæ inguinales, to which both sexes are liable; or, if not these, that other animalculæ may insinuate themselves into the orifice of the urethra, there deposit their ova, and produce considerable irritation; and he might add, that the usual time for the propagation of animalculæ, namely, at the latter end of spring, or the beginning of summer; was precisely that, in which gonorrhœæ were most prevalent,—or if these are not among the causes of gonorrhœa, that it may be produced by *irritation* of any kind, directly applied to the urethra, Cowper's glands or the prostate; but that the most common one was that raised by venereal ideas, by which the parts usually affected in Gonorrhœa, became

irritated, overcharged with blood, and at length inflamed ; and that, as a natural consequence of this local inflammation, being in the immediate vicinity of a mucous membrane, an increased secretion or discharge arose, by which it was terminated ; and that it may be also produced by a scrophulous or scorbutic indoles, or by a catarrhus defluxion. But be the immediate causes of this disease what they may, that it was similar to that species of *Gonorrhœa*, to which the canine race of animals are subject. And that the doctrine of its having had a venereal origin, though general, may be erroneous, and have only served for ages past to sanctify medical error. To such a person, I confess, I have no direct proof to offer, that can fairly invalidate his arguments ; for the doctrine of the venereal gonorrhœa, being a modification of syphilitic infection, has certainly been hitherto believed, without sufficient proof ; and as this matter has never yet, in my opinion, been fairly brought to the test of experiment, both the believer and unbeliever must wait the result, of that fairest of all modes of trial, and abide by the decision.

Every species of gonorrhœa may be combined with chancre, chancrous excoriation, or venereal bubo, without any the smallest natural connection between them; when it is combined with chancre the gonorrhœa generally shews itself first; the chancre not till some considerable time afterwards; each holds its own separate course, seemingly without the smallest dependance of the one symptom upon the other. If we reflect, that the apthous chancre may, and often is for many weeks exceedingly small, and without inflammation; we may readily conceive that a gonorrhœa may naturally not only appear first, but run a great part of its course, before this symptom is perceived. This distinction has not been attended to, and it is one reason, why Gonorrhœæ have been supposed to bear a close affinity to chancre, and to lead to the same general infection of the system; and by the bye, the probability of this combination, if there were no other reasons against it, is in my opinion, a great objection to the use of sedative topics in the first and second stages of a gonorrhœa. For the sloven-

ly manner in which an injection is generally used, occasions the sedative to be applied to more parts of the glans than one, and on these parts there may be concealed rudiments of one or more chancres.

Having mentioned the natural order in which the two symptoms generally appear when combined in the same subject; I must observe further, that the receipt of chancreous infection or chancre, at a period somewhat remote, by one connection, and the receipt of gonorrhœa, at a time subsequent to that, by another, may cause two appearances to take place nearly together, or may even be the reason, why the chancre shall shew itself before the Gonorrhœa; but this seldom happens, unless the chancre be of the spreading, and most irritable kind.

With respect to the virulent Gonorrhœa in women—As Inflammation is the predominant circumstance in the disease when it affects the male, so is it also in the female. If from a suspected connection there arises inflammation in the mucous glands of the vagina, attended with a discoloured secretion, or if the



like symptoms affect the parts about the female urethra, or the urethra itself, and the woman is in other respects in good health, this is a strong presumption that the complaint is gonorrhœal. If there is no appearance of inflammation, but simply a discoloured discharge, to which she has never been accustomed, it is possible that she may have received chancreous infection. In this case the discharge after sometime increases considerably, and there arises most frequently a correspondent affection of the lymphatic glands, in one or both groins; and when these concur, even though there is no external, or visible appearance of ulceration, the nature of the case can seldom be doubted. This, however, is chancreous; it is not strictly speaking, gonorrhœal.

Besides an appearance of inflammation, tenderness, pain, heat, and a frequency in making water, do sometimes attend the Gonorrhœa in women; but as these circumstances may also arise from other causes, the diagnosis is often doubtful. I have known all these symptoms, except the inflammation,

arise from a venereal excrescence within the urethra. But, if in any case a purulent mucus can be pressed either from mucous criptæ, of the vagina, the urethra, or other contiguous surfaces, the affection is, probably, gonorrhœal; and whether these circumstances are observable with or without the other symptoms above specified, they appear to be leading, and should therefore be attended to. Whatever the reason may be, I will not take upon me to say, but the Gonorrhœa, is much more frequently met with in men than in women.

## REMARKS ON CERTAIN DISEASES,

SOMETIMES CONNECTED WITH

*The Lues Venerea and Gonorrhœa.*

IT would be, perhaps, needless for me to make any observations on the supposed origin of the Venereal Disease, if there were not some circumstances mentioned by the early writers, which tend to shew an affinity between that, and some other defœdations of the skin.

It has been generally believed, that the *Lues Venerea* was imported into Europe, by Columbus. Sydenham supposed, that it came originally from Guinea, and others have imagined, that it arose in the way of an epidemic from certain alterations in the atmosphere, occasioned by inundations, &c. &c. And that this, like other epidemic diseases spread, at the same time, into several different countries. With respect to this last

opinion, I shall only say, it is now well known that this disease is communicable only by inoculation, or the contact of venereal matter, and if it had arisen as an epidemia originally, it would probably have been still epidemical, but this is by no means the fact. And I very much doubt whether it was introduced by Columbus. According to Baptista Fulgosa it appeared in Italy two years before the arrival of Charles the Eighth of France at Rome, which was in the latter end of December 1494, so that it must have been in that country, so early as the beginning of 1493, and the same year, according to Gaspar Torella, it broke out at Auvergne. Columbus set sail from Palos, on his first voyage, August the 3d, 1492, and as he returned on the 19th of March 1493, it had probably made its appearance in Europe, before his arrival. Ferdinand Columbus, who wrote the History of his father's life, gives a very particular description of the diseases which afflicted the Spaniards, and Columbus himself, to the year 1496, but to that time,



there is no mention of such a disease as the venereal.

The testimony of Leo Africanus, seems to me, to throw much light on this very intricate subject. He says, that the disease was brought into Africa by the Moorish Jews, immediately after they had been driven out of Spain. The barbarous edict for the expulsion of these unfortunate people, was published in March 1492, they were allowed three months to depart, and left the kingdom, in June of that year. According to a modern writer, they amounted to thirty thousand families, or one hundred and fifty thousand persons; Leo speaking of these people, says, *Ubi in patriam jam rediissent, ceperunt miseri quidem, & sceleratissimi Æthiopes, cum illorum mulieribus habere commercium, ac sic tandem, velut per manus pestis, hæc per totum se sparsit regionem, ita ut vix sit familia, quæ ab hoc malo remansit libera.\**

The greater part of these people were merchants of the ancient kingdom of Grenada, many of them had been shut up within the

\* Vide Astruc.

walls of the city of that name; and had long suffered under civil and military persecution. Under these circumstances it is not to be supposed, that they could have been properly attentive to cleanliness. The Leprosy was a common disease among them. The hardships they underwent, and the situations in which they were placed, must have rendered this complaint particularly loathsome, in a hot climate; and, if it really be a contagious disease, have added greatly to its malignity. With this principle of contagion about them, they were dispersed chiefly in Africa, but as a trading people some of them must have emigrated to every commercial country of the world, and if the venereal disease arose as a modification of the Leprosy among these people, they must have spread it far and wide. And this will account for the appearance of the disease in different countries, at nearly the same period of time.

Having mentioned the above circumstances, I leave every man to judge, whether it is not most probable, that the disease arose before the generally supposed æra, at the siege of Naples,

as a modification of some other disease, or diseases, then subsisting; either in Europe, or Africa. At this distance of time, amidst a contrariety of opinions, there is no saying any thing with certainty; it is however very possible, that the African blacks, or as the last mentioned author calls them, the *Æthiopians*, might have been themselves capable of adding some kind of infection, that of the Yaws for instance, to the Leprosy, and thus by the combination of two infections, a new arrangement of symptoms might be produced, essentially different from both, but having some kind of affinity to each; and such a combination may, perhaps, have formed the lues venerea, originally.

If there is, in nature, such a thing as a generic character, under which diseases of different species and varieties may be arranged, I should rank the venereal disease, the elephantiasis, the leprosy, the yaws, and perhaps the scrophula, under the same genus—for there seems to be a striking affinity between them. Writers have made a distinction between the *Lepra Arabum* or Elephantiasis; and the *Lepra Græcorum*, or Leprosy. The symp-

forms of the two diseases as they have been described, are certainly different, but yet they seem to be different modifications of the same disease, varied by climate and other circumstances.\*

The falling off of the hair, from the eye-brows; the ulceration and thickning of the nostrils; the affection of the bones of the nose, and falling of the vomer; the rotting off of the nails;

\* Since the former publication of this work, the world has been surprised with the knowledge of a very important fact, namely, that the Vaccine Infection will render the human body insensible to the hitherto dreadful infection of the small-pox. The Vaccine has, I conceive, so far an affinity with the small-pox, that the latter cannot generally take place, after the fair and unequivocal effects of the Vaccine infection on the part inoculated, and on the system. And this circumstance was well known to prevail both in the natural and inoculated small-pox; no one having the disease fairly twice. The effects of the two infections as preventives to the small pox being nearly the same, how much soever they may differ in some respects; in essence they may have a natural connexion, the cow being the medium or modifier between one infection and the other. Dr. Jenner has supposed that the matter from the greasy heels of a horse gives the infection to the cow. And the same fluid in the hot climate of Arabia may perhaps have produced the small-pox originally. Without entering into this matter it seems much more likely that the Vaccine infection in this country may have arisen in another way, namely, from the



and the rhagades, which take place in some kinds of Leprosy, shew the affinity between this disease and the venereal; and the resemblance of the latter to the yaws, is no less remarkable from the nodous affection of the periosteum, being also a frequent occurrence in this disease. And there seems to be no more absurdity, in supposing that the venereal disease was originally produced by a modifica-

cow having been milked by a person who has had either the natural or inoculated small-pox on his hands. The infectious fluid thus passing from the man to the cow, the latter probably from the more healthy state of her constitution as a graminivorous animal, may modify the infection as we see it: and cause the generation of a milder disease than the small-pox, but so far of the same specific character, that whoever receives the Vaccine infection fairly, is insured from the future effects of inoculation of the small-pox.

With such a wonderful modification before us, it may be asked, may there not be some such modifier, besides the specific, in lues venerea? Nature seems to have set an insurmountable bar in the way. In the small-pox no one has the disease fairly twice, but unfortunately no such security attaches to the venereal disease. It would be an easy matter to inoculate a cow, or any other healthy animal, and see the event upon it; from this cow it would be also easy to inoculate a human body; but where is the probability of prevention in lues venerea, one infection being no safeguard against a subsequent one? at the same time no man can say what would be the result of such experiments.

tion of the leprosy or yaws, or by a combination of both, than in supposing what is the generally received opinion at this day, that the *Gonorrhœa Virulenta* is a modification of the *Lues Venerea*.

I believe that the true æra of the disease was either coeval with, or immediately consequent to, the conquest of Grenada, by the Spaniards: but that the concourse of people which afterwards resorted to the siege of Naples, was a powerful means of propagating it, still more universally. And this circumstance, perhaps, laid the foundation for the prevailing opinion, that it first appeared during that memorable siege.

But the affinity between *Lepa* and *Scrophula* requires a more particular discussion.

A man about fifty, corpulent, and of a coarse, florid complexion, with a settled red in his cheeks, and light hair, was subject to hard, thickened, and elevated Rhagades, with a yellowish white crust, in the palm of one hand. To this complaint he had been subject for many years, and it did not originate in any thing venereal. It first began with a scorbutic kind of

eruption on the head; after he had been cured of the itch. Upon the eruption going off from thence, it attacked the palm of one hand. After continuing there for some years, sometimes in a quiet, and sometimes in a stiff, painful state, in the form of Rhagades, the affection left that hand, and attacked the other in the same manner. It would be sometimes scurfy, and scarcely elevated above the skin; when in that state, it was no great inconvenience. But the skin, in the clefts of the hands, would at times, be considerably thickened, and raised into a number of hard, large, purplish kind of knobs. The part was affected with a troublesome itching, and the tumours, upon touching them, appeared to be insensible, or nearly so; as is the case in the true Elephantiasis, and in some kinds of cancerous tumours. Every year, as summer advanced, the Rhagades would get worse, be more elevated, harder, and of a deeper hue. The general complaints to which he was subject, were head-ach, indigestion, sickness, and irritation at the neck of his bladder, &c. Partly from the natural formation of his prepuce, and partly from the

same indisposition affecting the mucous surfaces of the glans and prepuce, there was between these parts, an affection similar to the Rhagades on his hand. And in consequence of both, an incomplete phymosis, with a thickened prepuce, and a scorbutic kind of crust. The wife of this man was of a sanguineo-melancholic temperament, of a swarthy complexion, dark eyes, and black hair, subject to gout, but without any appearance of a scorbutic or scrophulous disposition.

A son from this couple, at the age of eighteen, had a scrophulous affection of one of his knees, which, notwithstanding every assistance that could be procured him, ended in an incurable Hætic. This young man's temperament inclined wholly to that of the father; like him he had blue eyes, and light hair, but was of a more delicate make, with a clearer and finer skin. Besides a diseased knee, he had scrophulous glands in his neck, and when he was greatly reduced by the hectic, a hoarseness came on, and after this, upon examining his throat and mouth, I discovered an erosion of



the ossa palati, and the opening was nearly an inch in diameter.\*

The Rhagades, to which the father of this man was subject, I take to have been a modification of the Elephantiasis, or a species of leprosy. And from the raucedo vocis, and erosion of the palate, which affected the son, I am inclined to think that he also, had one of these diseases in his habit, but that the form in which it appeared in him was the scrophula.

In another family I know two children, one of which had a glandular swelling of the scrophulous kind; the other a rough, scaly, dry, thick kind of skin. The father, I have reason to think, is scrophulous; his mother had a cancer, and every one of his children (and he has several) have that peculiar kind of hoarseness, to which scrophulous persons are sometimes liable. I am acquainted with a third family, one child of which slept with a servant who had a number of leprous spots upon her, and was soon covered from head to foot;

\* See the account of the Leprosy, *London Med. Observations and Enquiries*, vol. i, page 201.

with an eruption, very like that of the servant, but got well by small doses of the *Æthiops Antimon.* This child was, perhaps, predisposed from his father to this affection; for the latter, some years after this, was seized with an appearance truly leprous. I have seen leprous spots, like those of the servant in a temperament, which, from the colour of the hair, the eyes, and complexion of the skin, is probably scrophulous; though it differed from that of the young man, whose history has been just given. This leprous affection was in a lady who had dark hair, black eyes, and a florid complexion, but her skin was coarse and thick, inclining to yellowness, dry, and rough—not then supposing that there was any, the smallest affinity, between such a leprous affection and scrophula, at her earnest desire I undertook the cure of it, and succeeded, by giving her a strong decoction *Cort. exterior. Nuc. Jugland.* Whether any other disease has since arisen, in consequence of this, I have not yet learned: but, if my present ideas of scrophula be just, the absolute cure of such a leprous com-

plaint; if it were always practicable, would not, perhaps, be always safe.

If there is a natural affinity between the venereal disease and the above, it will account for the coming on of the leprosy, or scrophulous complaints after the cure of what were originally venereal; and this may be one reason, why one person may be curable with greater difficulty, and suffer more from this disease, than another.

There also seems to be an affinity between the leprosy and one species of cancer, and this connection may perhaps dispose venereal patients to cancerous tumours; and to shew this affinity, it is only necessary to compare an adherent scirrhus tumour of the breast, of long standing; and, for the most part, late in life, with the Rhagades above described—the same increment at particular periods—the same itching uneasiness—the same crusty appearance at some one particular part of the tumour, or tumours, the same hardness, insensibility, and hue, prevail in the one as in the other.

I have met only with one single instance

of a scirrhus tumour of the breast, tending to cancer, coming on after the cure of venereal symptoms, and this man had been previously subject to symptoms of a diseased prostate, and, upon the cure of these by mercury, the tumour in the breast arose.

It more frequently happens that the testicles in men, and the uterus in women, become cancerous from this cause.

If it should be asked, upon what presumption, can a case, originally venereal, become cancerous? My answer is, if there is the smallest affinity between a disease, which is not constitutional, and which may have been partially or imperfectly cured, and one, which, though it may never have appeared, may yet have existed from birth in the habit in a dormant state, the adventitious disease may rouse up that which has been long concealed, and thereby occasion the latter to take the lead. And this is, perhaps, the case whenever a cancerous complaint, after the real, or supposed cure of the venereal disease, attacks a glandular part, whether it be the breast, the testicle or prostate. I have, how-



ever, met with but one instance of an affection of the prostate from the venereal disease, properly so called; and that affection was not cancerous, for it was cured by mercury. It is however fair to suppose from analogy, that the same specific infection, which sometimes attacks the epididymis and testicle, producing a general tumour of a pyriform shape, as in the venereal sarcocoele, may also, sometimes, produce an enlargement of the prostate gland. But I have never yet seen this gland become cancerous from the same cause. When I say this, I except those diseased affections of the prostate, which sometimes arise in Gonorrhœa; and those also, which are sometimes the attendants on age. And, as was before said, I have met with but one scirrhus tumour of the breast, arising after the supposed cure of symptoms truly venereal. I could never trace a cancerous prostate to the same cause. But I have seen some cases of cancerous testicle, which have arisen in that manner.

The foregoing observations have a reference only to such scirrhus and cancerous com-

plaints, as sometimes supervene to the venereal disease, properly so called, when it has arisen from previous chancre, chancrous excoriation, or venereal bubo.

We shall presently shew, how, and in what manner, other circumstances may co-operate with those already mentioned.

Besides some particular circumstances, which appertain to Gonorrhœa, as a singular modification of venereal infection, there are others well worth notice, which are sometimes connected with it, and depend principally on habit; and these have sometimes no small influence in rendering the same disease more violent in one person than another, and its consequences, more distressing. Thus, for example, in the pure sanguineous temperament, the tendency to inflammatory diathesis being great, the symptoms of the disease are more frequently strongly marked, the heat and chordee violent, and the consequences, to be expected, are those arising from the long continuance, and obstinacy of the inflammation. If, to a constitution so disposed, there be also joined a scrophulous or leprous acri-

mony, the disease will be rendered still more obstinate, because the mucous surfaces and glands usually affected in Gonorrhœa, may, and very frequently are affected, simply from these causes.

A young gentleman, subject to an habitual eruption on his head, of the scorbutic kind, had it repelled by a topic. The disease then attacked the glandulæ odoriferæ, producing increased secretion, inflammation, and beginning phymosis. Upon removing the affection from the glans and prepuce by a sedative, the former eruption returned again to the head, and there continued. If it had so happened, that a Gonorrhœa was existing at the time the eruption was driven from his head, the metastasis might then have been made to the urethra, or even to the prostate. For it is no uncommon thing for those who have this vice of constitution, to have purulent discharges from the urethra, resembling Gonorrhœæ; and arising, not only from the surface of the membrane, but from a primary affection of Cowper's glands or the prostate: but its more frequent seat in the male is

the glandulæ odoriferæ. This kind of habit is scrophulous, and may frequently be known by a thinness of the eye lashes, by a redness, and as it were rawness of the mucous glands of the eye-lids. This indisposition may be inherent to a lax, weak temperament, as well as to that which is robust and prone to inflammation. But when the lax constitution is not disposed, from intemperance or other causes, to erysipelas, the consequences from inflammation are not so much to be dreaded. Persons subject to gout, sometimes experience great inconvenience, not only from the inflammability of their habits, but from that tendency to metastasis, which frequently prevails in this disease, and in a particular manner, distinguishes it from every other. A gouty defluxion on the neck of the bladder, on the eyes, and on the testicle, resembling a hernia humoralis, I have seen more than once.

A gentleman was under my care in 1770 for a venereal bubo, which suppurated, and afterwards healed under an alterative course. Having employed a sufficient quantity of



the medicine to heal the sore and cure the disease, I suffered him to go into the country. He returned to me with a painful wound where the cicatrix had been, and a considerable degree of surrounding inflammation. At this I was much surprised, and imputed the sudden alteration to violent exercise. But upon enquiry, I found this had not been the case. Within a day or two, the true cause of this sudden alteration shewed itself. He was seized in the night with a violent fit of the gout, for the first time in his life, which confined him to his bed. The sore immediately healed. He has been almost a martyr to the gout since, but has never had any symptom of the venereal disease. Persons subject to the gravel or stone in their kidneys or bladders from that consent, which the urethra and prostate have with these parts, are predisposed to inflammation. And Gonorrhœa, in such persons, without great care both on the side of the patient and practitioner may, sooner or later, terminate in stricture, abscess, or affection of the prostate. Nor can this be wondered at, when it is

considered, that the irritation of a stone produces frequently inflammation, pain, and discharge of mucus from the internal coat of the bladder, ureters, and kidneys; and these surfaces, being, like the urethra, of the mucous kind, a pus-like discharge may sometimes arise from them, resembling Gonorrhœa.

There are principally two kinds of scirrhi affecting the prostate gland. The one arises early, and, generally speaking, as a consequence of Gonorrhœa, and the other at a period much more remote, and towards the decline of life. The one arises, most frequently, as a consequence of inflammation, the other as a consequence of age, and sometimes happens to those who have never had a Gonorrhœa. The one is, strictly speaking, an acute, the other a chronic disease; the one generally arises in young men, or in men not passed the middle age, the other, comes on much later; the one is more immediately the effect of inflammation, of a date not very distant; the other is the consequence of that gradual waste or decay, which naturally takes place in, and ultimately destroys,

all animal bodies. These are the two general principles: the concurrence however of a particular habit, of a particular acrimony, or other circumstances may give to these principles additional force.

Morbific causes have generally been divided into the predisponent, occasional and proximate. But as it appears to me, in the present inquiry, impossible to separate the proximate cause from the disease, I must confine myself to the predisponent, and what I would call, the exciting causes.

With regard to scirrhus tumours in the breasts of women. Irritation and inflammation, long kept up in any glandular part, may cause it to swell, become tender, and even painful; and in this way, many scirrhus tumours, in young or middle-aged women, come on originally without the smallest connection, immediate or remote, with Gonorrhœa or Lues Venerea. There is, as has been observed, a very particular consent between the uterus and breasts about the time of the periodical return of the catamenia, in many women; which is indicated by a fulness, ten-

derness, and sense of weight, in these parts, a short time before the evacuation from the uterine vessels commences. The partial application of cold, and many other causes, may check, or totally obstruct, this evacuation, and thereby occasion a congestion or load in the glands of the breasts. When that has been once affected, a disposition to irritation and inflammation is given. It will depend on other circumstances, whether this affection may ever amount to a scirrhus. The catamenia returning, there being no other cause applied, it is very possible that the fulness and congestion may go off. But, if a blow is given, or if a second inflammation arises—if there is a tendency to scrophula, or what I would call a leprous taint, in either of these cases, the gland or glands injured, may enlarge more, be more painful, or remain in an indolent state, according to the violence or activity of the exciting cause. And in this manner, many scirrhi become troublesome, and even cancerous to women, long before, what seems to me to be, the natural period of life for this disease.



So in men, when irritation and inflammation have been long kept up in the prostate gland, from one or more claps, this body may become enlarged. And when this is the case, the tumour, from its natural situation at the neck of the bladder, cannot possibly be much increased in size, without lessening the diameter of the urinary canal at this particular part. The stream of urine must therefore be more or less contracted, and in proportion to the degree of contraction the urine will be made, with more or less difficulty; and every effort, to discharge the contents of the bladder, then becomes an additional stimulus. This might naturally happen, if the diseased gland was the only part of the neck of the bladder affected, without any obstruction to the excretory ducts, which lead from it and open into the cavity of the urethra. But the affection is not always so simple as this. For not only the membranous, and other parts of the urethra, are, at the same time affected with stricture, but the long continuance of the inflammation at the neck of the bladder, some-

times injures the verumontanum, and obliterates those openings, by which the semen and natural secretion from the prostate are discharged, in every healthy man, into the urethra. What the precise consequences, from such an obstruction, may be, is difficult to say; but it may be fairly inferred, that a gland so obstructed, is strongly disposed, from the circumstances in which it is placed, both to scirrhus and cancer. The usual portion of blood to the part, and the secerning operation of the gland itself, may indeed continue; but if the natural passage by which the secreted fluid is to be discharged, is obliterated, such fluid, in consequence of its retention may become acrid; heat, pain, further enlargement, and distention, may then take place throughout the tumour. And these circumstances, may continue so long, and be so violent, that a portion of its internal substance may actually slough. If this happens, a very irritating, extraneous body will be formed which will be perpetually stimulating the parietes of the gland, and, as it were, soliciting its own exit; but without effect. Un-

til, by the long continuance of the irritation, pain, and distention, the gland becomes highly sensible to the touch, and thoroughly diseased. The habit of the patient, participating with the local irritability—the dispendium of spirits and discharge being great—he at length becomes hectic.

To this suite of symptoms, a Gonorrhœa may be the immediate, or the exciting cause, and a scrophulous habit, the predisponent one, and from the combination of both, the disease may be produced; or Gonorrhœa may produce it alone, without such predisponent cause. But I am much mistaken, if I have not known it come on in a scrophulous habit as an idiopathic disease, with a Gonorrhœa, but that Gonorrhœa, not venereal.

Many cancerous testicles in men, and diseased breasts in women, even early in life, when they arise without any known exciting cause, such as a blow, inflammation, &c. are perhaps idiopathic, that is, original diseases of the habit, attacking these particular parts.

The observations, hitherto made, are ap-

plicable to persons, who are in the vigour of life, as well as to those who have not yet past its meridian. But when after that, age advances with hasty strides, then, both the predisposing and exciting causes, above mentioned, are more to be dreaded; and in addition to them, there naturally arises other circumstances, which may render, what has been perhaps for many years, a simple glandular enlargement, or simple indolent scirrhus, truly cancerous.

The learned Baron Haller has given two very ingenious hints respecting the use of the lymphatic glands and the origin of scirrhus tumours:\*

“ Boni aliquid has glandulas vasis lymphaticis et lymphæ præstare satis certum est,  
“ cum nullum vas lymphaticum lacteum-ve ad suam insertionem perveniat, quin in aliquam glandulam ramos prius distribuerit  
“ ramosque ab eadem reduces receperit. Chylusus succus, quo hæ glandulæ in junioribus hominibus et animalibus replentur,  
“ et niger ille, quo turgent in pectore seni-

\* Vide Prim. Lin. Physiologos, p. 109.—Gotteng. 1752.



“ li demonstrat sècerni aliquid de sanguine in  
 “ his glandulis, et affundi, lymphæ chyloæ,  
 “ in cellulosa forte spatia expulsis. Magni-  
 “ tudo et integritas in junioribus, corruptio et  
 “ destructio in adultis, senibusque, suadent,  
 “ hanc secretionem, in juniore animali inte-  
 “ gerrimam, in senio perire. Non alibi cre-  
 “ brior scirrhus.”

The above facts, relative to the lymphatic glands, deserve a very particular attention. For an alteration of structure, and secretion certainly prevails in other glands, as well as in them, at particular periods of life. As for example, in the glands of the female breast, when the catamenia no longer appear; and in the testes, and prostate of men, after the power of propagating the species, ceases. If age, therefore, produce some remarkable changes in these glands also; and if the lymphatic system is concerned, in their formation and functions, which I believe is indisputable, it follows, both from the concurrence of a similar cause, as well as from that connection, which these glands must have with the lymphatic system, that the same disease may be

produced in them, in nearly the same manner. If this is not the case, it must however be allowed, that age is certainly a very powerful predisponent cause to cancer. In a woman, upon the cessation of the catamenia, those parts, which nature made subservient to parturition, and the nourishment of the child after birth, then become useless as far as respects these important purposes. The female ceasing to have the periodical plethora in her breasts, and uterus, and that natural evacuation which takes this painful affection off—the glands, situated in these parts, probably put on new appearances—the circumstances, in which they formerly were, are now totally changed; and from that time forward, they are regulated by new laws. And whenever in man, that period of life arrives, at which he loses the power of procreating from age, then a revolution takes place in his system, somewhat similar to that, in the female sex. The testicles and prostate become useless, their internal structure is altered; and if they still continue capable of secretion, that secretion is so

totally changed from what it was, that it probably has a tendency to become acrid. Why are some of our secretions, but particularly those of the pudenda, more foetid in old, than in young persons, if age does not impart this acrimony? Why are old animals generally allowed to be more strong, and more rank than young, and why is the urine in them most frequently more offensive?

Co-operating with this local acrimony of the parts subservient to generation, and the secretion of urine, there is another circumstance, which often tends to increase the other maladies of age. The bladder loses its wonted powers of dilatation and retention; and is no longer capable of containing so large a portion of urine, as formerly. Thence arises a frequent irritation to make water, and the urine is small in quantity. These natural consequences of age, may be made much worse, by what is called the gravel, or stone in the kidneys, or bladder. But these affections, like a simple enlargement of the prostate, may be merely

local, and the production of a cancer seems to require the aid of other circumstances, to give activity and malignity to these causes.

From the great difficulty there frequently is, in curing even a slight wound, or sore of the leg, in persons passed the middle age, whose constitutions are not perfectly good, it may, I think be fairly inferred, that there is frequently a disposition in the system, about that time, or after it, to local chronic inflammation; and this, when once produced, is very apt to become habitual. The numerous instances, daily met with, of ulcerations in the legs in some habits, and particularly in elderly persons, which can by no art whatever be perfectly healed, or if healed, are followed by some worse disease, show most clearly, that towards the decline of life, this local inflammation and drain are often highly necessary to health.

If we look farther into the habitual diseases; incident to the same period, we shall find that chronic rheumatisms, catarrhs, asthmas, disposition to erysipelatous inflammation and gout, are very common. The hæmor-



rhoids begin frequently much more early, even during the vigour of life; and continue throughout all its subsequent stages. And according to the prevalence of each of these complaints, after they become habitual, and recur at certain or uncertain periods, so have they a greater or less tendency to keep off many other diseases. This is particularly remarkable with respect to the gout. For so long as this disease continues regular, it is perhaps the best preventive to the bad effects of a scirrhus both in male and female, but the moment it ceases to be a salutary effort of nature to relieve the constitution; when, after a long series of regular fits, it becomes anomalous, or when, by inattention, it has been made so; then, the balance in the system which this disease has for years maintained, loses its influence. It is no longer the *vis medicatrix naturæ*, but leaves the body open and defenceless to the formidable attacks of other diseases. I remember an instance of this in a person aged 68 who took a wonderful deal of pains, to cure a kindly regular gout. When the disease left him,

he grew debilitated, from being remarkably healthy and robust. It could never be reproduced. The symptoms of a scirrhus prostate soon appeared, and in a few months proved fatal. I am of opinion that the gland had, in this case, been enlarged long before the symptoms, denoting a scirrhus, appeared, and that these symptoms might have been kept off much longer, if the gout had continued regular, for he certainly had them not, before he altered the natural progress of that disease. Whenever therefore an habitual disease prevails in an elderly person, who has long had a predisposition to a diseased prostate: it behoves the practitioner to pay attention to the revulsion and derivation such habitual disease may make from the local one. And this will apply to all scirrhi, in persons subject to gout and other habitual diseases. Such attention cannot possibly cure the scirrhus, but it may keep it within moderate bounds, and thereby prolong the evil day.

Having shewn in many instances that there is at the period of life above specified, a tendency in the system, to local chronic in-

flamination, or what may, perhaps, with more propriety, be called a disposition to local chronic irritation; I come, in the next place, to the application of this principle to scirrhus and cancerous tumours in general, and to the particular subject of this part of the work, a diseased prostate at an advanced period of life. And I say that with respect to women after the middle age, when the catamenia have ceased, or are about to leave them, that the tendency to this chronic irritation is then strong, and continues for the remainder of life. The system is not only frequently disposed to the several diseases above enumerated; but their breasts and uteri, from that gradual decay, which time and age do constantly bring with them, losing their former functions are particularly subject to injury, that a blow, or any other cause capable of raising irritation on these parts, at and after this period, may produce a scirrhus; and this, when once produced, will, under such circumstances, probably go on with greater or less rapidity, till the glands affected become truly cancerous; and these consequences may take place, without the appear-

ance of a scrophulous or other vice in the constitution.

So with respect to scirrhus tumours of the testicle and prostate in men, the like consequences of age, when added to the other causes, may give a similar disease; and these may happen when neither scrophula, lepra, lues venerea or gonorrhœa have ever preceded, at any former period of the person's life, and without the smallest connection between these diseases and the complaint in question. But when the prostate gland has been left, from a Gonorrhœa of a very old date, perhaps twenty years back, larger than natural; or when a stricture has been for years gradually forming, these will then give additional weight to the other causes.

If the fact be that scrophula and leprosy are different modifications of the same disease, if the lymphatic and other glandular parts suffer an alteration in their structure, and in the qualities of the several fluids secreted in them, in consequence of age, it is fair to suppose that whenever a leprous vice is joined to these circumstances, the tendency to true cancer will



be most strong. If other proofs of this affinity between scrophula, cancer, and leprosy be wanting, I can only say, that I have known the cure of a scorbutic or leprous spot, on the hand by the local application of sulphur, increase the progress, and aggravate the symptoms of a malignant scirrhus in the breast. And this habit was clearly scrophulous from other circumstances. Let the hardened, purplish, elevated, insensible, crusty Rhagades, described above, be compared with that species of cancer, which is, for the most part, constitutional, immovable, and attended with a diseased affection of the miliary glands of the skin in the female breast, and observe the striking similitude between the two diseases: let the causes productive of leprous affection, be compared with those which are often the preludes to the appearance of cancerous complaints, among which, gross feeding may be reckoned one; and let the general symptoms which often prevail in both diseases, be attended to, indigestion, pains in the stomach and head, vomitings, griping uneasiness in the bowels, and biliary evacuations. If a fair comparison be made, I flatter myself,

that the true cancer will be often found to be like the lepra, scrophula, and madness, an hereditary disease, and that they are all of them different modifications of the same specific vice, but affecting parts and persons in different ways. I knew a gentleman who had been leprous from childhood: his mother was a very healthy woman, his father was insane; but whether added to that, he also was subject to the leprosy, I cannot say.—Two sisters had both of them cancers in the breast; the one was about fifty-five, the other about sixty; the former lived well, the other, from her poverty or inclination, did not: the youngest sister had the cancer removed at the above age, and died from a return of the disease within six months; the other lived many years afterwards: she had no operation done upon her, and then died from another disease. Another lady who, when turned of fifty, discovered a slight hardness and pain in one of her breasts, which had only been noticed within three weeks. The breast was not generally diseased, it was perfectly moveable; the axillary glands were not affected; she consented to the removal of the

whole; but from a return of the disease, lived only two years after the operation. I examined the breast after it was removed, and found it in general sound, with a hardness seemingly not of the glandular kind, in one particular part only. From these instances, as well as from some others I could produce, I am convinced that the disease is not only very frequently a disease of the habit, but sometimes hereditary.

Upon the whole, whether a diseased prostate takes place in a young, middle aged, or elderly person; the possibility of a leprous taint being connected with the other circumstances I have very fully mentioned, should be attended to. This taint may be more active in the production of scirrhus and cancer, at one period of life than another; but there is neither age nor sex in some habits, wholly exempt from it; it may therefore concur with other circumstances in youth as well as in the meridian of life; and at that time, as well as in more advanced age.\*

\* A more copious account of scirrhus and cancer I am about to publish. I have thought proper however to leave my observations on these subjects nearly as they were in 1787, to shew what were even then my ideas, and to accommodate such persons as may not have an opportunity of consulting the larger work.

## GENERAL OBSERVATIONS

ON THE

METHOD OF CURE UNDER CONFINEMENT.

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THE devastation made by the sudden and unexpected appearance of *Lues Venerea* at the period mentioned in the former part of this work, called forth the attention of mankind to the wonderful properties of mercury; and fortunate it was for the human race, that the knowledge of the remedy followed in a few years after the propagation of the disease. Quicksilver extinguished, by rubbing it with axungia or some such substance, had, long before the æra of *Lues Venerea*, even from the days of Mahomet, been recommended for some cutaneous diseases by the Arabian physicians; but it had been always used sparingly, and with the utmost degree of caution.

At first, some of the most ignorant in matters of science ventured on its application



to *Lues Venerea* ; from these, it passed into the hands of Berengarius Carpensis, a very able surgeon, who employed it with astonishing success ; and after him, it was adopted by Johannes de Vigo, and others. It is somewhat singular, that many of the medical writers, in the beginning of the sixteenth century were, notwithstanding the evident utility of mercury, for a number of years, with very unbecoming obstinacy, attached to their old Galenic rules. But at length, though the prejudices against it were vehement, and though many errors must have been committed, during its early exhibition, by a rude and indiscriminate application, yet so striking were its effects, that it justly made its way against every obstacle.

There are three general methods, by which this medicine may be absorbed into the system, so as to be capable of acting on the constitution, and on the disease. First: it may be absorbed by the cuticular pores almost in any form, but modern practice has adopted principally one, namely, that of inunction. In which the crude mineral, after puri-

fication, is extinguished by long triture with hogs-lard, or some such substance. The patient himself rubs this composition into the thighs, legs, or some other large surface of his body with his naked hands. The physicians and surgeons of the sixteenth century frequently caused the particles of mercury to enter the circulation by the same route, but in a different way, by fumigating the denuded body; this practice was long out of use; but has been lately revived.

Secondly: It may be received by the mouth in a state of vapour detached from sulphur, by means of heat; as in the common method of fumigating the internal parts of the throat.

Thirdly: It may be taken internally in a great variety of forms.

Each of these methods of introducing the medicine will ultimately raise the same, or nearly the same symptoms of salivation and its attendants. But there is a very great difference as to the manner in which they operate in bringing about these changes, and

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there is also some, as to the certainty with which they act on the disease.

Inunction is the most simple, and at the same time the most certain method of employing mercury; and, generally speaking, ruffles the constitution much less than any other. In this way, it may be received into the system, and completely mixed with the circulating fluids in any given quantity, and when the mouth becomes at length affected, it is in some measure secondarily; that is, from the natural attraction, or tendency of the medicine to the salivary glands, after it has gone the round of the circulation, in a fair and equable manner. Perhaps, it acquires the antivenereal effect, or what has been improperly called its specific power, in consequence of a preceding, or attendant internal alteration produced in the animal fluids and on the living power. This change it brings about with the least possible disturbance to the machine, neither irritating the mouth nor the digestive organs, but as a general stimulant. The only inconveniences of the method are, an herpetic kind of eruption, which some-

time arises from its local stimulus on the part rubbed, and the labour of performing the frictions properly : But these inconveniences are trifling, when compared with the manifest advantages it possesses over every other method.

The modern practice of receiving the mercurial vapour from a decomposition of cinabar by means of heat, simply by the mouth, has been most frequently ranked among the most powerful mercurial topics ; and has been used, not so much with the intention to operate on the system in general, as to stop the rapidity of a particular symptom, by its immediate and local application to the part diseased ; and hence it has constantly been recommended as a powerful means of stopping the progress of a spreading ulceration of the tonsils, uvula, &c. But I must observe, that when thus employed, although its action is twofold, it is by no means so extensively useful as the method first described. For though it has certainly a powerful partial, yet it has, at the same time, but an uncertain, and in some habits, a very weak, general effect on the system ; and for that reason, it follows, that



whenever a more than ordinary disposition to salivation and its consequences prevails, this, as well as every other method of applying mercury directly to the salivary glands, must be precarious; or, in other words, its immediate stimulus, on the organs which furnish the lymphatic discharge in salivation may bear an over proportion to the quantity of mercury admitted from the absorbents and in actual circulation with the general mass. This observation is particularly applicable to all those who from the natural sponginess of their gums, from a scorbutic acrimony in their blood, or other causes are predisposed to salivate readily. But when the contrary disposition prevails, and there is a great difficulty in raising salivation, and the proper concomitant internal changes, the disease being at the same time very little altered; in that case, a cinnabar fumigation, or perhaps any other local mercurial stimulant, will act with the most clear and decisive efficacy; and by imparting to the medicine the property it wants, —the power of salivating; the cure of the disease immediately follows the painful affec-

tion of the mouth and salivary glands. And when a powerful salivation follows this local stimulus, from the vapour of mercury, its general are sometimes no less remarkable than its partial effects, and it seems to cure as perfectly as any other mode of using this medicine. But it is not by any means so universally applicable to every constitution as frictions.

Mercurials used internally are of various kinds, and of different degrees of strength. In all of them the power of raising salivation and its usual attendants seems to be the predominant property; but they also act with more or less irritation on the stomach and bowels: thus *Hydrarg. vitriol.* in a full dose operates as an emetic—*Hydrarg. calcin.* *Calomel*—*Hydrarg. cum Cretâ.*—*Argent. Viv. cum Bals. Sulphur. ext.*—*Solut. Hydrarg. muriat.* even in small doses, will frequently become highly purgative. This effect makes them inconvenient to those who have tender bowels; not only from their stimulus on the intestinal canal, but because under this circumstance, only a small portion of the medicine can enter the circulation.

It was formerly a practice to give the *Hydrarg. vitriol.* in the dose of eight grains, as an emetic, by way of revulsion in *hernia humoralis*, but this has been long since disused ; however there are some practitioners who still employ it in very small doses, beginning with half a grain, either alone, or with some other less irritating preparation of mercury ; and with considerable success.

*Hydrarg. calcin.* The crude mineral employed in the preparation of this medicine is generally thoroughly purified. It is very active, and at the same time perfectly safe. It should be levigated with the utmost care, to the greatest degree of fineness ; and when so prepared will salivate very readily ; it is however apt to run off by stool in those whose bowels are weak and irritable.

*Calomel.* As an antivenereal is not, I believe, so powerful as *Hydrarg. Calcin.* It is however when levigated thoroughly, and this operation cannot be done with too much care, both a safe and efficacious preparation. Though both this and the *Hydrarg. Calcin.* are in large doses highly purgative, yet it is no uncommon

thing for moderate doses, after two or three days exhibition to set perfectly easy; the intestines becoming in a short time accustomed to the stimulus. When they irritate too much they may be restrained by being joined with opium, and the calomel is greatly improved by levigating it with distilled water.

*Hydrarg. cum cretâ*, and *Hydrarg.* extinguished by long trituration with *Bals. Sulphur.* irritate the digestive organs much less than any other preparation of mercury used internally that I have hitherto employed. They will salivate very readily. But the last, is by far the most powerful, comes the nearest in its operation and effects to frictions, and possesses so great a degree of antivenereal power, that I have known it cure not only when these, but the usual preparations of mercury for internal use, have failed.

*Solut. Hydrarg. Muriat.* In this preparation the powers of the medicine, as an antivenereal, are greatly limited by its extreme acrimony. Though by giving the solution in small doses for a length of time, we can sometimes very certainly cure, both when the intention is to



salivate, and when it is not. Yet, whenever it is exhibited in a constitution accustomed to the stimulus of mercury, and in some others, in which the antivenereal change in the system is with difficulty raised, the quantity of the medicine in actual circulation being small, the impression made on the habit is often too weak: other antivenereals must, therefore, be joined with it to obviate this inconvenience; thus *frictions*, *Hydrarg. cum. cretâ*, or *Hydrarg. crud.* (*Bals. Sulph. extinct.*) may be added, and from the operation of the combined preparations there will frequently result a degree of power which they do not possess singly. The best vehicle for *Hydrarg. muriat.* is brandy, which should be diluted with a large portion of some watery fluid. Liquorice tea disguises the metallic taste of the medicine better than any thing I have tried.

I have given it as my opinion, that calomel and *Solut. Hydrarg. muriat.* have, with little variation, the same specific antivenereal effects, as the preparations of the crude mineral; or, in other words; that the power of producing the necessary changes in the animal fluids, either

with, or without a correspondent affection of the mouth, varies, in degree only, in the different preparations; and taken, as a general rule, what has been said is, I believe, strictly true.

But with respect to the solution, there seems to be, in theory, a further distinction necessary. Compare a grain of *Hydrarg. muriat.* (which is a chemical combination of crude mercury and the muriatic acid) with the same quantity of *pil. ex mercur. crud. (bals. sulp. extinct.)* Divide the grain of mercurial salt, and the same quantity of the pill, into eight parts; give an eighth of each, twice a day, for several days; and observe the result. There will be a much more speedy antivenereal effect from the sublimate, than from the preparation of the crude mineral; and yet the latter, when given in a proper dose, will cure with more certainty: it will cure even when frictions have failed. Whence arises this difference? It is, perhaps, owing to the very intimate combination of the mineral with the muriatic acid which renders the sublimate more active, ready miscible, and of easy assimilation, with

the several fluids of the body. This property of the saline mercurials, may, perhaps, give them one advantage over the more gross preparations of the crude mineral, namely, that of checking the progress of a venereal symptom sooner, than they do. If this is really a fact, the mercurial, which takes up the largest proportion of salt in combination, would be, perhaps, preferable, even to the solution. Ward's white drop answers to this description; as it is less acrid, and probably more diffusible in the animal fluids, than sublimate, it may deserve, even as an antivenereal, more attention than has yet been paid to it. There are also other cases, in which the saline preparations may be singularly applicable. When genuine symptoms of the disease; such as chancres, venereal sore throats, venereal eruptions, &c. have been broken down, but not perfectly eliminated by the use of mercury, the symptoms which remain, or re-appear, sometimes, take a new form. They not only become anomalous; but shew that the lymphatic and nervous systems are vitiated in a manner totally different from what is observable in a pox, uninfluenced by mer-

cury. I have already mentioned \* the case of a patient, who, after a supposed cure, had, for many years, a regular succession of symptoms, which appeared to have the venereal type, but which were too imperfectly marked to put on the natural, and more usual appearance of the disease. And I have sometimes observed, long after the cures have been performed, that a few solitary eruptions, resembling what are called scorbutic, but with something of the venereal hue about them, would break out, and give relief to wandering pains. Some of these cases may be greatly relieved, and others cured, by such saline mercurials, as pervade with facility, the finer secretory organs. In these cases, I believe, the solution is preferable to calomel, and perhaps, Ward's white drop may be still more efficacious than either. When *Lues Venerea* has passed its acmè, that is, has proceeded in its natural course till it has produced an eruption, which has been removed by mercury; and that mercury has not cured the disease, but only enervated it, and given occasion

\* See the Anomalous Symptoms.



to the rise of a slight affection of the periosteum of some one, or more bones, then also, the more active saline preparations, by circulating readily through parts, which the more gross preparations can reach, only by contact, or by producing the most unequivocal general effects on the system may be highly useful.

If mercury is united with one particular preparation of antimony, a medicine will be formed which will approach somewhat to the idea generally entertained of an alterative antivenereal. *Hydrarg.* rubbed down with *bals. sulphur.* we have elsewhere observed, is one of the best methods of making a very safe, and active preparation for internal use. Triturate the minereal with *flor. sulp.* and it becomes, as an antivenereal, inert; but incorporate *calomel* with *sulp. aur. antim.* as in Plummer's pill, and the compound shews more activity than the *Æthiops*, but considerably less than the crude mercury extinguished with balsam of sulphur; nor has it the same disposition to salivate, which this last medicine always has. Indeed, if a more active mercurial is given, after a long continued use of Plummer's pills, the mouth will sometimes be-

come affected. But when employed alone, it very seldom shews any such disposition ; \* and, therefore, is rather applicable to such cases of lues as have been already treated with mercury in a more powerful form, than to be depended upon for the actual cure of the disease. Thus when a bubo, during a mercurial process, instead of healing, becomes what surgeons call phagedenic; a case, in which the habit is generally much too irritable, and the blood impoverished; Plummer's pill will frequently have a very good effect, both when given alone, and when employed with sarsaparilla. And under the same circumstances, the smallest doses of *calomel*, *Hydrarg. calcinat.* and *Hydrarg. muriat.* have succeeded; and probably, in the case now pointed out, they frequently cure, more by correcting the habit, and gradually ameliorating the animal fluids, than by

\* I have lately met with a singular instance of its salivating violently, from a sudden exposure to cold, by getting out of bed in winter, though the quantity of the preparation taken amounted only to a few grains.—But in this case, it was not, in my power to ascertain, whether the trituration of the mercurial, with the sulph. aur. ant. was properly effected.

their specific action, as antivenereals. It has been supposed that the mere stimulus of mercury, when kept up for a sufficient length of time, would effect a cure in the worst cases, though it produced none of those effects which are constantly decisive in the treatment of venereal patients. If this were true, Plummer's pill, or another pill similar to that of Plummer's, with *Hydrarg. calcinat.* instead of calomel, would be inestimable. They will, to a certain degree, mitigate many of the symptoms, which are truly venereal; but I have never yet seen a person cured by them. Very small doses of calomel, *Hydrarg. calcinat.* and *Hydrarg. muriat.* are more to be depended upon. But they are all inadequate to the end proposed; because, when employèd in *this manner*, they have too slight a degree of stimulus; without the very necessary property of affecting the mouth. And I have not yet met with any medicine capable of *curing* the disease, that has not had, this property.\*

\* The greater the power a mercurial has of salivating, I consider as the most infallible mark of its strength, and of its antivenereal action. All these medicines which have not

The practitioner must, indeed, have very limited ideas, both of the disease, and the remedy, who confines his resources to any one specific method, or preparation of mercury. The disease comprehends a great variety of symptoms; some of which are easy, others very difficult, to cure. To this variation the known power of the medicine must be properly adapted. It is to the full as absurd to think

this power, as far as my experience has extended, are not to be depended upon. Baron Van Switen employed the white precipitate to raise salivation, and very small doses of it would generally accomplish the intention; but of this I have had no experience. So of turbeth mineral (as it was formerly called) it was recommended for the same purpose. And this very medicine in a small dose, gradually increasing that dose, from half a grain upwards, guarded with opium, I believe to be a secret, which has been said to cure, without salivation. The tendency these two medicines undoubtedly have to salivate, sufficiently explains their great strength as antivenereals. Of the two, the first is the most dangerous, and probably the most active, even in a small dose. The latter was formerly used by Sydenham, and others, to the quantity of seven or eight grains to a dose. If given in an alterative way, or in addition to frictions, or other mercurials, to add a further stimulus; when that is wanting, it is safest to begin with half a grain, which may be gradually increased. When it was employed by Sydenham, and others since his time, to produce a speedy violent effect,



of curing every species of small-pox, from the most distinct to the most confluent, and malignant kinds, by one, and the same means, as *Lues Venerea* by any one method of employing mercury. And I believe the more a man sees of the disease, the more he will be convinced of these truths: that extensive views, and a liberal accommodation of the leading circum-

it often vomited severely, and could not be repeated. This mode of exhibiting it has been long since given up, but it still deserves attention from the profession, in smaller and more moderate doses.

Of the Hydrarg. Acetat. I have not had sufficient experience. But whatever its antivenereal effects may be, I believe its tendency to salivate, can alone inform us whether it is active as an antivenereal or not.

The more simple the treatment, provided it be at the same time efficacious and safe, the better; and such is the method of introducing mercury through the pores of the skin.

I do not know whether the multiplicity of our supposed remedies, has not done much injury. Why are we to be running from one chymical preparation to another? Are the effects of new compounds in chymistry on the human body as easily discovered as the new combinations in this useful fascinating science? I believe they are not.

A good workman in watches, is generally known, not by the great number, but by the judicious management of a small number of tools well chosen and well understood.

stances of the two methods I am about to describe, to the different cases that may occur, will give that general success in practice which no over scrupulous adherence to any one method, or medicine, will ever arrive at.

Some one or more of the preparations above mentioned are in general use for the cure of *Lues Venerea*, and are exhibited under two very different methods.

In the one, the patient is closely confined to his chamber or house; in the other he takes exercise in the open air, and follows, with some restriction, his ordinary pursuits. The first, from the consequences generally following it, has been called salivation, but as it frequently cures, without bringing on either a sore mouth or considerable discharge of saliva, it may with more propriety be called *the method under confinement*. The last, from the very slight degree of salivary affection produced, may be called *an alterative course*.

In the method of cure under confinement, there is a quick accumulation of the medicine in the system, and a rapid progress in its effects;

in the alterative method, a slow one. In this last, however, the quantity taken in the aggregate is generally much greater, and hence some have insisted that it must be more completely curative. Without entering at present into this matter, we shall only observe, that each method has its advantages and disadvantages: there are particular habits in which the leading circumstances of the one method are more applicable than the other: there are certain stages of the disease which yield more readily to the one than the other, and these I shall endeavour to point out.

Those who have principally favoured the alterative method have not failed to set before our eyes the pain, the confinement, and other unavoidable inconveniencies of the other method. Some of these, however, they have greatly exaggerated; and, as if their sole aim had been to influence the passions and ill-founded apprehensions of the weak and timorous part of mankind, under the word Salivation they have indiscriminately, and in the lump, reprobated every mercurial affection of the mouth whatever; without affixing a precise

or determinate idea to the term; without noting the difference between salivation under confinement, and that kind of sore mouth which eight times in ten follows the alterative method; or what is more to the purpose, distinguishing between a short, and a long continued ptyalism, a slight, or a violent one. But unfortunately amidst all this their love of refinement, they have omitted to point out the inconveniencies (and there certainly are some) of what are called alterative methods. Thus, by giving only a partial view of one of the most important practical questions in the whole circle of physic, they have persuaded all those who are not competent judges, and these, I fear, are not a few, that a process, which in skilful hands is totally devoid of danger, and which in general is not only the most certain, but most speedy method of curing the worst and most inveterate stages of the disease, should be decried in every instance whatever. For it has been said, with a great deal more boldness than truth, to be *never* necessary. This doctrine, I am sorry to say it, has gained ground amazingly; from that natural bias the human



mind ever will have, to avoid what in speculation seems, and what in fact sometimes is, a painful remedy. It has, from those who were not thoroughly conversant with the subject, very unfortunately for the extension of practical knowledge, crept into our schools of physic; and there are many well-disposed persons who still believe it rather retards, than promotes the cure of the disease. This is by no means the whole of the mischief it has done. It has led many young people astray, and induced them to separate two things in practice, which are generally, and which ever should be, inseparable: I mean the antivenereal power of mercury, from its well known tendency to cause an affection of the mouth. Hence, it has happened that the single circumstance which most indisputably characterises the action of this medicine from every other, has been of late years but little attended to; and we have been taught to believe that we could in all cases know when it has properly entered the circulation, and ascertain its effects on the disease by other circumstances. Notwithstanding which, it might be proved with the utmost ease, that be the

method or preparation employed what they may, a tenderness of the mouth is, of all the *external* most obvious effects of the medicine, that which most certainly and unequivocally marks its antivenereal power on the disease; and that the single hinge on which success turns in every case, no matter by which method it be treated, is the change which takes place in the system at the approach of, and during salivation. It is true, this change may be brought on in some constitutions with but a slight affection of the mouth, but it is no less so, that a considerable one is most frequently raised, before the decisive and necessary alteration can be produced on the disease; I mean before an obstinate primary or secondary symptom can be cured.

If we for a moment reflect on the peculiar state of the salivary glands when mercurially sore, how totally different this is from the other obvious effects of the medicine, and how much more likely the skin, the kidneys, and the intestines are to be influenced by adventitious circumstances than the mouth, we shall at once see, that neither increased

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perspiration, preternatural flow of urine, nor any laxity of the bowels, short of a dysenteric kind of purging, can measure the antivenereal power of mercury with so much certainty as salivation\*. How often do we see the most rebellious secondary symptom withstand the fair introduction of a very large quantity of the remedy, without perceiving the smallest favourable alteration! but upon the first appearance of symptoms of salivation the scene immediately changes; the farther progress of the disease is stopped at once, and from the most malign, suddenly puts on the most benign aspect. What fully evinces the amazing influence of this effect of the medicine, the amendment does constantly and invariably keep pace with the internal changes at such time going on in the system. And when this process takes place *fully* from a very small quantity of mercury (an accident which sometimes happens to the most careful practitioner, though he does his utmost

\* By salivation is meant a general affection of the mouth, with its concomitants.

to avoid it) the revolution seems, and perhaps in a few cases actually is, as completely antivenereal, as when twenty times the same quantity has been used. \*This is a proof

\* In the year 1770, a gentleman, who had had the disease upon him for years, applied to me with the following symptoms:—Very distressing venereal pains—nodes on both *tibiae*—a few venereal eruptions on his body—the *ala nasi* ulcerated—the *septum narium* so greatly corroded, that there was a very large opening from one nostril into the other—ulcerated *tonsils*—and a large venereal ulcer on the posterior part of the *oesophagus*, with great emaciation. The first night he rubbed in *Ung. Mer. fort.* ʒj and took *Calomel* gr. ij. and in the course of that day, to stop the further progress of the ulcerations in his throat and nose, *Cinnabar* ʒss. in the way of fumigation. As these seemed on the following day to have produced no sensible effect, at twelve o'clock at noon he fumigated again with the same quantity of *Cinnabar*; before ten at night he had all the symptoms of an approaching salivation, but did not take a grain more mercury for nine days; the salivation, factor, &c. were considerable; the symptoms immediately gave way; the nodes soon disappeared; the ulcerations put on a healthy appearance, and when, after nine days continuance, the flux began to subside; though he actually seemed to be in a manner well, yet having often observed that a rapid salivation from a small quantity of mercury sometimes deprives the practitioner of an expected cure, the spitting was moderately kept up by frictions, and not discontinued till he had used two ounces of the *Ung. Mer. fort.* Afterwards he was put upon an alterative course, taking *Calomel* gr. ij.



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that the good effects are not ascribable to the mere quantity of medicine, but to some other cause. Sydenham, whose sagacity in describing the natural appearances of diseases was only equalled by his honesty in fairly relating the effects which medicine had on them, believed that *Lues Veneræa* was not curable by any quality of mercury, purely specific, but by salivation only. - And however much that doctrine may contradict modern opinions in this and other countries, a rigid mercurial course under confinement would never be had recourse to, as the last resource of the unfortunate, when the violence of the disease has repeatedly baffled the several alterative methods now in vogue, if it had not a superior antivenereal power. The consequences resulting from a fair and full affection of the mouth and salivary glands, were too striking to escape the discernment of this great man, who has very judiciously connected the most obvious and general effect of the remedy with

*omni nocte cum decoct. sarsap. lbj. per diem.* He never had an ach or a pain of the venereal kind since—nor the smallest return of any one venereal symptom..

the cure of the disease. Subsequent writers have endeavoured to gain the same end by different means; but the great, the leading principle has remained to the present day, somewhat changed indeed, but not materially altered; for we must, in all obstinate cases, and in every method of treatment, still look up to a mercurial affection of the mouth, if we mean to make perfect cures in so rebellious a disease as *Lues Venerea* really is.

A rigid mercurial course under confinement, in which the doses of the stimulant are large and repeated at short intervals, whether the affection of the mouth and salivary glands be considerable or otherwise, has been called salivation; and it may be relied on, as a fact, that the more violent the affection, *cæteris paribus*, the greater will be its antivenereal power. But when I lay down that position, I say also, that this power is certainly in some instances to be obtained, even under the closest confinement, without salivation; or at least with so trifling an affection, as not to deserve the name: as when a copious secretion from the intestines or

other parts makes up for the deficiency. And cures are sometimes performed in a few eccentric cases, without a discharge of saliva, or any other very remarkable evacuation. This can be no argument against the great utility of the method under confinement, nor against the propriety of affecting the mouth. It only shews that the internal most essential effects of the medicine may, and sometimes do, follow without any external mark or symptom, strongly denoting the operation of the medicine as a powerful evacuant. It points out that nature is every way equal to her own work, and can supply in some secret manner this seeming defect. But by no means that we can constantly produce the decisive anti-venereal changes in the animal fluids at pleasure, without their most frequent attendants, a general affection of the mouth and salivary glands; indeed excepting this kind of case, and those in which some other outlet supplies the place of the salivary secretion, the affection of the mouth and internal changes go hand in hand.

A predisposition to a sore mouth cannot always be known *à priori*; nor, so uncertain is

the operation of mercury, can the affection be prevented in some constitutions, if it could. There are a great number of cases in which the medicine must be introduced in full doses, and with as much expedition as is consistent with safety, if we mean to stop the progress of an alarming symptom; the internal changes on which the antivenereal power more immediately depends must be brought about as soon as possible; of course the affection of the mouth, even though it should amount to salivation, is a subordinate consideration, and must be risked. Under these circumstances the idiosyncrasy, more than the management of the practitioner, will determine whether the mouth shall be much or little affected; but be that as it may, the inconvenience must be submitted to, because it is, for the most part, unavoidable.

What has been said of the great antivenereal power of a regular mercurial course under confinement, in which a greater or less degree of salivation generally arises, is not only true in fact, but a very good reason may be given why it is so.

When the medicine cures, and no remark-



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able evacuation has followed a plentiful introduction of mercury, under confinement, amongst other effects may be observed inflammatory diathesis, prostration of strength, and general emaciation, perhaps with some small degree of fætor. Though these symptoms are never raised in such a case without some difficulty, and by a long continued use of the stimulant. If they were never perceivable but when salivation was taking place, we might say with Sydenham, that *Lues Venerea* was only to be cured by producing a considerable affection of the mouth and salivary glands. But since experience teaches us, that cures are sometimes performed without this effect of mercury, some other principle must be sought for to elucidate this very difficult problem. And the truth perhaps is, that inflammatory diathesis, prostration of strength, emaciation, and fætor point to other changes in the system, which may very properly be said to be *internal*: the whole number of which have not yet been discovered, but some however we know: among which may be reckoned a melting down, attenuation, or sin-

gular species of putrefaction of the animal fluids. These, if I mistake not, take place when the medicine does not, as well as when it does salivate; I mean when it cures: and they are what I would call the *decisive anti-venereal effects of mercury*.

Let the affection of the mouth be what it may, these internal changes, if they be properly brought on, and continued for a sufficient length of time by the stimulus of the medicine, will eradicate the poison, and perfectly cure the most inveterate secondary symptoms of the disease. As I have already hinted, they will sometimes cure without any very considerable or sensible evacuation from the system; but whilst this putrefactive process is going on internally, there is generally a correspondent very surprising effort imparted to the system, of forcing open, as it were by the impetus of the medicine, one or more outlets or sets of excretory vessels, and stimulating them to a discharge of their fluids. When these circumstances concur, that is, when to inflammatory diathesis, prostration of strength, sudden emaciation and factor of the

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breath, as the types of the putrefactive or attenuating internal process, there is joined a considerable increased secretion from the skin, intestines, kidneys or salivary glands, then, the antiveneal power is most rapid and striking. And hereby is pointed out, that when once the putrefactive process is fairly raised by the medicine, the properties of the animal fluids are not only altered, but the venereal virus connected with those fluids, or attached to the living power, actually undergoes a similar change with them: and when fitted for expulsion, by this wonderful operation, is thrown off or evacuated from the system. And the true cause, I believe, why the course I am about to describe more particularly most frequently cures with the greatest ease and rapidity, in the very worst stages of the disease, is not simply because it salivates, but because in that kind of course in which a considerable affection of the mouth generally comes on, the medicine acts with the greatest force, producing in the most perfect manner *all the requisite internal changes.* And when its operation is thus complete,



it is not only a powerful stimulant, and promoter of a singular kind of putrefaction, but also a very considerable evacuant. As a fair salivation, (taking the term in its common acceptation,) will give the fullest view of these singular phænomena, I shall proceed to a description of such parts of this process as appear to me likely to illustrate the doctrine I wish to establish.

A man is ordered for a venereal complaint to confine himself to his room, and is wholly or in part debarred from the use of spirituous and strong fermented liquors, and such generous food as he had been accustomed to in a state of health. The confinement obliges him to breathe an air very different, as a respirable fluid, from that of the external atmosphere, and this circumstance alone strongly disposes him to weakness and putrefaction. In this situation he rubs in a small or full dose of the *Ung. Hydrag. fort.* according to the urgency of his symptoms, and his supposed predisposition to salivation, every night; night and morning; or every second or third night. The first effects of the medicine are



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those of a general stimulant, an increased heat, with a pulse more frequent, fuller, and stronger than natural. These are most evident soon after the frictions, especially if the stomach should happen to be, at that time, loaded with food: those who have rubbed in several doses have very frequently a remarkable beating of the temporal and carotid arteries, which they feel soon after the introduction of the medicine when they are warm in bed. In a short time from the commencement of the course, when the patient awakes in the morning he perceives a clamminess of his tongue; an uncommon metallic taste in his mouth; some degree of thirst, with an uneasiness in his head like that from hard drinking, and with a similar kind of languor and acceleration of the pulse. In proportion to the number of frictions employed, and according to the care taken to get the particles of mercury through the pores of the skin, so is its accumulation in the system considerable, or otherwise. The disturbance once raised by a single friction is gradually kept up by those which follow; and thus an increased action

in the several vascular systems of the body prevails constantly, by day as well as by night, with an artificial febrile exacerbation (if I may be allowed that expression) which is generally most evident at night, a short time after each friction. After the stimulant has thus operated upon the system in general, for a shorter or longer space of time (for it is matter of great uncertainty, whether the following symptoms are raised by two or three doses, or by a greater number) a considerable increase of the general inflammation, disposition to costiveness, enlargement and tenderness of the salivary glands, languor, heat and soreness of the gums and parts within the mouth, an unusual flow of saliva, and fætor of the breath arise. These, are at first not very distressing; but if they go on so as to form what may be called full salivation, they very soon become considerable. The symptomatic fever is increased still more, the salivary glands and gums are painfully tender; the sides of the tongue, the tonsils, the orifices of the salivary ducts, and the internal surfaces of the cheeks become ulcerated with ash-coloured

sloughs; he is spitting every minute, or perhaps the saliva dribbles out involuntarily, and the cheeks and lips are somewhat preternaturally swollen. The fætor, which was before trifling, is now extremely great, and taints the room to such a degree, that upon opening the chamber door, a judge, without looking at the patient, or enquiring whether he was in a salivation, from this circumstance of fætor would know he was in that situation. The pain and constant irritation to spit keep him awake, and almost deprive him of sleep; he feels himself inexpressibly languid; becomes suddenly thinner, and from the determination of the circulation and living power to the fauces and great dispendium of saliva, the costiveness, which came on at the commencement of the flux, sometimes continues throughout the whole of it; till the salivary discharge and local irritation about the fauces are almost subsided. What is remarkable, the costiveness is sometimes the forerunner of the other symptoms, and points out the approaching storm. Before the affection of the mouth has gained the height just described, a fa-



yourable alteration is generally perceivable on the face of the disease; but sometimes when the symptom is an old secondary, or even an obstinate primary one, as an ill-conditioned spreading chancre, the factor and other symptoms of salivation must be very considerable before the proper healthy change can take place.

Sydenham says, that the symptoms generally go off after the fourth day from the height of the salivation; and that is certainly not unfrequently the case, but it sometimes happens that they go off more gradually, and sometimes much sooner, even in a few hours, when the revolution is rapid and violent. One man shall have a venereal node or venereal sarcocele overnight, and they shall be gone by the next day; another shall have a small chancre, or venereal sore throat, the former shall be perfectly healed in as short a space of time, and the latter shall almost immediately alter its venereal appearance, and look like a healthy granulating sore. Sometimes, though the practitioner shall be some days, perhaps weeks, before he can raise a proper affection of the mouth, the disease will,



during the whole of that time, remain unaltered, until that period arrives at which the salivation and its usual attendants become considerable; *then, but not till then*, does the decisive revolution commence, which is to end in the perfect cure of the disease. So that the change from sickness to health is more or less sudden, according to the violence of the effects produced by the medicine: and the cure seems brought about, more by salivation and its immediate consequences, than by the preceding long continued application of the stimulant. Though there can be no doubt but that a proper degree of stimulus from a sufficient quantity of mercury is to the full as necessary in the cure, as salivation, or any of its attendants, although its action on the disease is not so evident: and it is only by a happy combination of these and other circumstances that success is to be expected. The quantity of saliva discharged is variable; sometimes it continues to flow for a considerable time after the process has got to its height, and at another, though the ulcerations shall be general, and all the other symptoms in due degree, yet the discharge of saliva

after the first two or three days shall be small in quantity. It may be right to remark on this symptom, that though we have been recommended by some of the best authors to regulate our conduct by the quantity of saliva evacuated, and in some cases it may be a good rule, yet there are other and better criteria by which we may measure the antivenereal power of the remedy on the disease. These may be gathered from the quantity of mercury employed and retained in the system without running off too hastily by any one or more outlets; from its effect on the disease; from the degree and duration of the putrefaction of the fauces and several fluids of the body; from the languor, weakness, emaciation, &c.—That there is a particular species of putrefaction is evident from all the symptoms. The languor and weakness, which are always considerable when the medicine acts powerfully as an antivenereal, in every mercurial course, would lead to a suspicion that a change in the circulating fluids was of the putrid kind: but when to these are added other circumstances, and in particular the fætor, which probable arises, as

well from the lungs as from parts within the mouth, the opinion seems to be indisputable. Why does blood drawn from a person in a high salivation, or from one whose system is loaded with mercury, in the act of removing venereal symptoms in an alterative course, when it shews only a tendency towards salivation, always flow from a wound, be it ever so small, with uncommon freedom? Why does it appear broken in its texture, and thinner than natural, if not from a very singular kind of attenuation or putrefaction it is then undergoing? Why is the urine frequently of a dark brown colour, sometimes with a sediment like dirt, if not from the same cause? Does not that very remarkable costiveness which continues in some salivations for a week, ten days, a fortnight, or longer, considerably heighten this power in the medicine of raising a general state of putridity?

But it is a putridity *sui generis*, unlike every other, that is known to affect the human frame.—It is short lived, and intimately connected with an invigorating principle.—For it must be noted, that throughout the whole pro-



gress of salivation, even at the period when the factor and prostration of strength, &c. are at the height, there are latent symptoms of strength generated by the stimulus of the remedy, combined with, but kept under by those of putrefaction ; which do not indeed then appear, but which immediately shew themselves on the subsidence of the flux. Hence it is, that though a man after salivation comes out from his confinement much thinner than he was before, yet he looks well, and has an uncommon propensity to re-acquire speedily his former health and strength ; his spirits are good, and have been rising from the time the symptoms of putrefaction began to decline ; he is voraciously hungry ; the quick depletion of his vessels is followed by as sudden a repletion, and he generally becomes fatter than he was before. There are then two opposite effects arising from a powerful action of mereury ; one of which promotes, and the other retards putrefaction. The strengthening power in the early progress of a mercurial course we can trace till weakness is produced ; we then lose it for a time, but the moment the medicine ceases to weaken, its



propensity to invigorate shews itself again. And from this circumstance it is, that if in any mercurial course the genuine antivenereal effects have not been raised, and the further application of the stimulant is discontinued for two or three days, the symptoms of strength so soon appear, and get such entire possession of the habit, as to render a subsequent attempt to raise symptoms of putrefaction difficult. It also, in some measure, explains why the second production of salivation is often not so easy, or to be effected by so small a quantity of the stimulant, as the first : I mean when the first salivation has entirely subsided, and the medicine been fairly evacuated.

Mercury acts as an universal stimulant upon the irritable parts of the system, particularly upon the lymphatics ; and this is perhaps one reason why venereal buboes frequently suppurate at the close of a severe mercurial course. This system of vessels has its power of absorption increased, not only before the operation of the medicine has produced salivation, but also, when it is actually present ; and after, when the patient has suffered a thorough depletion

of his vessels, and is re-acquiring his former strength.\* These vessels are certainly the canals by which the venereal poison enters the circulation ; and they may perhaps be the outlets by which it escapes, after it has been changed, as already observed, by undergoing a similar putrefactive process with the blood. Perhaps, even the natural properties of the lymph may be altered.

The languor and prostration of strength point out also an affection of the nervous power, as well as putrefaction of the fluids. In every stage of *Lues Venerea* this part of the system is in one shape or other acted upon, if not altered by the poison ; even in its first symptom, a chancre, the nerves of the part on which the

\* The sudden emaciation immediately coming on at the commencement of the internal putrefactive process, would incline one to suppose that at that period the absorbents are acting with the greatest power ; but the following case seems to shew that this power is most prevalent in the convalescent state of the patient, when, after a considerable depletion of the vessels, the strength is returning under the influence of air, exercise, and a generous diet :—A gentleman, some years ago, having a venereal sarcocoele of one testicle, and an hydrocele on the other, with eruptions, &c. was under the necessity of undergoing a salivation for a cure ;—

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fermentation of the infectious fluid produces ulceration are in a morbid state : a degree of irritability being constantly imparted to them, greatly beyond what they ever possess, naturally. And, when the disease is more advanced to secondary symptoms, there is a general disposition to metastasis ; which never leaves the patient entirely till he is perfectly cured ; and this is perhaps owing to a morbid modification of the nervous power, generated by disease. So that it is probable, that mercury may have a further operation on this part of the system, over and above that already mentioned, arising from the production of a singular species of putrefaction of the fluids.

Let the course be what it may, whether the affection of the mouth be considerable or otherwise ; the number of frictions, whether more or less, should if possible form one well-con-

the sarcocele was perfectly removed, with the other venereal symptoms ; but the hydrocele remained unaltered. Within a month, however, from the time of cure, to his great surprise, he found his hydrocele insensibly diminish ; and at last disappear ; leaving the testicle fuller than natural, but without the smallest perceivable portion of water.



nected and uninterrupted whole. Each preceding friction should leave an impression which should be kept up and increased by those which follow. And in that manner a fair accumulation of the particles of mercury must be effected; which towards the close of the course, should act as one large and entire dose on every, the most remote part of the system. Without a careful attention to this rule, in some habits, neither the proper action of the vessels, nor putrefaction of the fluids can be brought on.

From what has been said, the reader will immediately see why a quick application of mercury, under confinement, diminishes its tendency to act as a strengthening stimulant: at least for a time. And why a slow introduction of the same medicine has in an alterative way, with a free allowance of good air, exercise, and a substantial diet, promotes it. The predisposing causes of putrefaction, which are constantly present in the one method, but wanting in the other, will for ever distinguish them as means of cure: and point out the propriety of applying, either the one or the other according to the



prevailing idiosyncrasy of the patient. And also why the predisposing circumstances of the one method may, occasionally, be applied to the other. Thus, under confinement, it may be sometimes necessary to let in good respirable air, to prevent too great a degree of putridity. So in the alterative method, it may be often proper, to confine the patient to the house, especially towards the close of the course, in order to bring it on.

It has been already observed, that if the medicine salivates fully, and with violence, it will sometimes cure, though the quantity received into the circulation be remarkably small. But many such kinds of cases are liable to great suspicion. For among the constitutions most readily affected by small doses, there is one which cannot always be known *a priori*; in which the stimulant is apt to run off too hastily by the mouth, without making the proper impression on the other parts of the system. This kind of habit I call scorbutic, by which term I mean a general tendency to putrefaction. In such constitutions, without the utmost care, even repeated courses under confinement will

sometimes fail : the medicine suddenly laying hold of the mouth, the effects being violent, and the flux great, the patient is thereby for some days precluded from the further use of the remedy ; the salivation continuing till he is greatly weakened, at length stops, *re infecta* ; the quantity of mercury received, having been not only too small, but evacuated too soon.

In a case of this kind, a cure was attempted four different times under confinement and every course failed. Some of the symptoms of the disease being only mitigated, and some changed into others ; the disposition to metastasis remaining. In this instance a perfect cure was at last obtained by counteracting the too great tendency to salivation and putrefaction ; by avoiding confinement for a considerable time, and by recommending daily a guarded exposure to country air, with a plain strengthening diet, divested as much as possible of stimulating substances ; and, under cover of these, causing a larger accumulation of the remedy in the system than in any of the preceding courses. By this management a fifth salivation, more vio-

lent and of longer duration than any of the former came on, as the others had done, without the surgeon having it in his power to prevent it: but this was followed by a permanent cure; and is one proof, amongst many others that might be given, of the inefficacy of an alterative course of mercury, and great power of salivation in particular stages of the disease.\* From this case, the great necessity of attending

\* A gentleman came from abroad emaciated to the last degree, and covered from head to foot with eruptions, not of the true copper colour, but florid, and containing a kind of watery fluid, like the ichor of the itch; he had no pains, but before the eruption appeared, had suffered much from what he called the rheumatism. As it was possible his complaints might not be of the venereal kind, a weak mercurial cerate was applied to his sores. In two or three days it salivated him; the pustules which before contained a fluid and were prominent, by the action of the salivation, subsided, and the marks left had the true copper hue; a node on each elbow near the olecranon soon appeared after the subsidence of the flux, with a fresh, though less considerable eruption. When he had been to appearance sufficiently strengthened by bark, &c. an internal mercurial in a very small dose was given him daily, yet this also suddenly raised an affection of the mouth: which seemed to remove the eruption completely, together with the nodes: but within a month a few partial pustules were perceived on both legs; after these had continued some



previously to the general health of those who are obliged to undergo severe mercurial courses is sufficiently evident. The fault of the constitution should be, if possible, corrected, before the exhibition of mercury, and most carefully counteracted during the progress of the course by proper remedies. The case I have given points out a most material curative indication, namely, an action on the solids and fluids resulting from the retention of a due but indeterminate quantity of mercury, which action should be not only sufficiently strong, but

time, and his health was seemingly established, an internal mercurial (the *solut. Hydrarg. mur. in decoct. sarsap.*) was given him: he had not taken three grains of the sublimate in this way, and in the smallest doses, before he was salivated for the third time. The eruption went, but in two or three months the disease sprouted out in a new form; and shewed itself by a thickening of the muscles, followed by deep sloughy ulcerations on the outside of the calf of one leg. Frictions were now had recourse to,  $\zeta$ ss. *Ung. M. fort.* was rubbed below the ulceration every other night. In a short time, that is, within three weeks, this also produced salivation, which to all appearance had cured the disease; but the ulceration returned, was larger and more painful than ever, and spread at a great rate; by the use of the carrot poultice, by rest, opium, and Plummer's alterative pill, the sore was got into so small a compass that he could walk out. In this state he was sent into the country, and directed to



equable over every part of the system, and exerted for a sufficient length of time : I say indeterminate, because the quantity must vary in different persons, and can only be regulated by the habit of the patient, by the effects raised in the system, and by its operation on the symptoms of the disease. Therefore, whenever a salivation comes on, especially if it has arisen prematurely, the practitioner should exercise his judgment, and determine from a due consideration of all the circumstances before him, whether the affection is partial, or complete in all its parts ; that is, whether to the

take moderate exercise, under the diet described, in the open air : when his health was thoroughly recruited, he had recourse again to the *Solut. Hydrarg. muriat.* and *decoct. sars.* rubbing in ʒss. *Ung. Mer. fort. alternis noctibus.* The quantity of the solution was gradually increased from  $\frac{1}{16}$  of a grain to  $\frac{1}{8}$  of a grain in twenty-four hours : notwithstanding the care he took to introduce the medicine in such manner as to prevent a premature affection of the mouth, and was daily exposed to good respirable air, yet it salivated him again after he had taken it about a month, and with more violence than it had ever done before. The salivation came on suddenly, and he spit three pints a day till the twenty-second day ; after which it gradually went off, and he had the satisfaction to find his sufferings at an end, and that he had, at last obtained a cure.

local effect on the mouth there is also joined a sufficient degree of action in the medicine, as a mercurial stimulant. If the course is defective in this particular, and the salivation or other effects are too violent to admit of the further use of mercury with safety ; he must have recourse to it immediately on the very first subsidence of the flux : but if the affection of the mouth, though considerable, is not so violent as to forbid its application, and he perceives that the disease is not likely to be cured, especially if neither the fætor, languor, nor putrefaction bear a due proportion to the effect on the salivary glands, he may wish to avail himself of this critical period. If that should be his intention, and he is desirous of introducing a greater quantity of mercury, he must proceed with caution : for, as on the one hand, this is the point of time at which he may, if he pleases, almost instantly produce the most powerful antivenereal effects of which this medicine is capable ; so on the other, by urging it too far, and thereby stimulating or weakening too much, he may do considerable injury. And a very small dose at such time will generally operate

with wonderful increase of power, both as a spur to the symptoms peculiar to salivation, and as an antivenereal. But when that time is over, the effects of the medicine as a strengthening stimulant begin to appear; and then nature will generally bear, and indeed requires its introduction in larger quantity. The sooner we have recourse to the stimulant after the subsidence of the salivation, the more powerfully will it act. And in this place I must mention a circumstance of no small consequence. When the several doses have once raised salivation, &c. we certainly lose the most favourable opportunity of serving the patient, if we suffer the affection of the mouth and its concomitants to flag too soon, by discontinuing the medicine, or by letting in good respirable air; for the invigorating power of the remedy will immediately take the lead and keep possession of the habit. The stimulant should therefore be repeated, if possible, again and again without intermission, but under a proper affection of the mouth, till the effects on the system correspond with the quantity of mercury received, and till both have manifested a proper action on the disease by



the total and perfect removal of all its symptoms; or, in other words, the accumulated force of the several connected doses should continue constantly increasing till the disease is perfectly gone. And experience will warrant the assertion, when I say, that in an obstinate symptom it is much safer to persist in the use of the remedy some time longer. When this is properly attended to, the cure will be easy and effected within a short space of time; when it is not, slow and difficult. For it is by no means the same thing, whether the medicine is introduced by a full and uninterrupted accumulation till it has had the proper operation on the system and on the disease; or whether from a too great dread of the present affection of the mouth, we desist too soon from the stimulant, and endeavour to increase the accumulation after that affection has subsided. Whoever has inadvertently let slip the critical time of expediting the cure when the salivation was considerable, must be sensible of the difficulty of re-producing the proper putrefactive changes, which in some cases can never be done, till a second more considerable affection



of the mouth than the first has been brought on. The apparent removal of one or more venereal symptoms is not always to be trusted to. For there is most frequently another and more extensive intention to be answered; namely, the total destruction of a poison most intimately blended, and as it were assimilated with the constitution. And experience fully evinces, that this necessary object cannot be obtained but by the perfect and unmutilated production of those essential internal and external changes, which are inseparable from a powerful operation of the medicine on the system: which should be not only properly raised but kept up, as occasion requires, by a due quantity of the stimulant. Venereal eruptions, nodes, venereal sarcocoeles have frequently been removed without curing the disease. Even in the common primary symptom, a chancre, it is generally not only necessary to heal it perfectly, by the action of the medicine alone, but to continue the stimulant some time longer. We should not only remove a venereal eruption, but if the medicine fails to produce a fair and full effect on the system, the disease will be

very readily translated from the skin to the membranous surfaces, particularly to the periosteum; and pains in the limbs, or perhaps nodes, will follow. Though I mean to treat this part of my subject more in detail hereafter, yet there is a circumstance with regard to the treatment of a venereal eruption which has not been, I believe, attended to. When there is a considerable number of eruptions spread over the whole body, it is no uncommon thing for the first doses of the medicine to remove the greater part of them, two or three only remaining. These will sometimes continue during the whole progress of the cure, and if the medicine is not persisted in till after it has produced in the centre of each pock a palish dent or pit, the patient will not be secure. Nay, in one case, (indeed it was in an alterative course,) the disposition to venereal metastasis remained, though this rule was most carefully followed.\*

It sometimes happens that though the intention is to salivate under the predisposing

\* Vide Anomalous Symptoms.

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circumstance of confinement, yet we are foiled in our attempts to raise this effect from the medicine. If a mercurial griping, and tendency to a purging should come on, they may compensate, in a great measure, for the deficiency: in this case a warm opiate, (I always use the confect. opiat.) properly given, and repeated *pro re nata*, will not only procure immediate ease; but, by quieting the irritation in the bowels, and at the same time promoting costiveness, will bid fair to bring on an affection of the mouth.

But when the medicine has been used for many days in the largest doses, and under the most rigid confinement, and yet has not the effects just mentioned, it may be asked, how are we to proceed, or to know, that it is acting properly on the disease? We may know it is producing the proper effect, by comparing the quantity employed with the *external* and *internal changes* which have taken place; by attending to the state of the intestines, skin, kidneys, and circulation in general. If neither salivation nor purging have arisen, there is most frequently a considerable de-



gree of costiveness; there is often an increased secretion from the skin or from the kidneys, and constantly a considerable degree of inflammatory diathesis. The urine, from a pale straw colour, becomes of a dark brown; and before the decisive change is produced on the disease, the emaciation, languor, and weakness are not only evident, but to those who are unacquainted with the operation of mercury, very alarming. These circumstances mark the operation of the medicine sufficiently; and point out that it is, according to the idea of Sydenham, a specific mediately only, that is by the alterations it occasions in the system. But it most frequently happens that, with the above effects, some degree of fætor, with a metallic taste in the mouth, and some slight tendency towards salivation, are perceivable. The quantity of mercury required to effect a cure, when this inaptitude to salivation prevails, is much greater than in any other kind of constitution whatever.—

I must caution the young practitioner not to mistake the want of salivation from a slovenly use of mercury for this natural inaptitude to it, which is peculiar to some constitu-



tions, and which varies, in the same person, at different periods, and under different circumstances.

Between the habit just described, and that in which salivation is apt to take place prematurely, there are many intermediate gradations. The *middle* state, between the two extremes, is the most favourable for the action of mercury under confinement; for, in this case, to the fair symptoms of putrefaction may be joined a proper accumulation and retention of a large portion of the medicine: and as there is here no great affinity between the salivary glands and the remedy, there is no great danger of a sudden or too violent flux; so that the affection of the mouth may, with the utmost ease, be kept within moderate bounds; whilst the mercurial particles are fully and equally diffused over the whole system. In this case, that general revolution which has been already described, and which is sometimes (as has been shewn) too suddenly raised by a small quantity of mercury, must be brought about gradually: and there should be gained by time, that is, by the continued and progres-

sive action of the stimulant, what is wanting in force. Instead of attempting to remove the symptoms of the disease in a few days, which is sometimes done when the mouth is too suddenly and violently affected, we should be contented with a similar operation from the medicine procured, in a longer space of time, by the united action of many doses; and though it may be a fortnight, three weeks, or perhaps longer before the proper affection of the mouth, and its concomitants, appear; yet when the decisive change begins to take place, the cure proceeds with great celerity and safety, and is permanently effected in a few days.

In the treatment of a venereal patient the first thing to be inquired into, after ascertaining the nature of the symptoms, is his idiosyncrasy. But how are we to obtain this necessary kind of information? Is Sydenham's rule, that all those who are with difficulty purged by a common cathartic, are also hard to salivate, to be depended upon? I fear there will ever be much uncertainty in forming a right judgment on this matter. For I

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have frequently known the same constitution at one period without any propensity to salivation, resisting the most powerful doses of the medicine, under the closest confinement; at another, salivated by the smallest doses, when no confinement had been enjoined. But whenever there are spongy, diseased gums, with bad teeth, especially if due care is not taken to keep them clean, during a mercurial course, I believe there will be this kind of propensity: and, as has been already observed, whenever a scorbutic tendency in the habit prevails, there also this inconvenience is too often apt to interrupt the progress of a cure. But a healthy state of the teeth and gums by no means constantly implies an exemption from this propensity; for many persons are easily salivated who have them in the most perfect order. The internal and external use of stimulants, when the system has been previously loaded with mercury, has frequently, even a considerable time after the discontinuance of the medicine, caused an unexpected salivation: thus drinking, hunting, and dancing have sometimes



been followed by this effect. And at any time during a mercurial course, whatever increases the general stimulating power of mercury, or irritates, and heats the parts about the throat, especially in the habits just described, will frequently be followed by like consequences.

I knew one gentleman who by heating himself in dancing some weeks after an alterative course, was salivated; another, had a similar effect by going too soon into a cold bath.

With regard to the use of purgatives, and the warm bath, for averting an impending flux of the mouth; they are principally applicable to but one description of men, namely, those who are very easily salivated. When the other extreme predominates, they will frequently diminish the antivenereal power of the remedy, by retarding that which should be promoted; I mean the putrefactive process of the medicine; which, in this constitution, is never effected without some difficulty. But, in regard to the operation of purgatives, there is an exception to this rule: for it sometimes happens that they, after a long and ineffectual endeavour at raising



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salivation, by clearing the intestinal canal, render the absorption of internal mercurials more certain, and, at the same time, by quickening the pulse, give a spur to the medicine, whilst it is acting on every part of the body. But to return to the first of these two cases: it has been already observed that costiveness generally precedes and accompanies salivation, and its consequences:—one cause of which is the partial determination of the circulation and nervous power to the parts within the mouth. It is well known, that when the medicine takes to the mucous glands of the intestines, it often causes something like dysenteric symptoms, without any considerable affection of the mouth; and when the bowels are only moderately open, in a mercurial course, the mouth is frequently secured from a too violent inflammation. These are facts depending on constitution, and the spontaneous action of the medicine; and are met with, when a cure has been attempted by frictions simply, without the aid of any internal mercurial. These circumstances point out, that, as in the constitution which has an antipathy

to salivation, bringing on an artificial costiveness, by giving a narcotic every night, may, next to absolute confinement and a quick and large repetition of the several doses, promote the antivenereal effects of the remedy;\* so in its opposite, when it becomes necessary to prevent salivation, purgatives may certainly be useful in lessening the partial plethora of the vessels about the mouth, by drawing off the circulation and nervous power to the intestines; and the warm bath will concur in producing a similar effect, by making a revulsion to the skin. But these means should be employed early, for they both quicken the general circulation, and, if the mercury has already got full possession of the mouth, they will sometimes increase the affection. But when properly timed, they are very serviceable in enabling the practitioner

\*From subsequent observation, I am inclined to think the frequent repetition of a narcotic may do more harm, by diminishing irritability in some instances, than good, by inducing costiveness; and therefore I would restrict its use principally to what I have called a slight, dysenteric affection, whether that may have arisen from frictions or mercurials taken internally.

to introduce more of the medicine than could be done without their assistance. To these may occasionally be added a gradual and guarded exposure to good respirable air; under which circumstances the course should be continued by very moderate doses, till the constitution gets habituated to the stimulus of the medicine, and when a large accumulation has been made, it may be afterwards pushed with greater boldness, and the effects carried to the necessary height.

It sometimes happens that an attempt to raise sufficient salivation not only fails for a considerable time, but the disease continues with unabated obstinacy, though a fair introduction of a large quantity of the medicine has been effected, and it does not in the smallest degree remit, notwithstanding the emaciation and weakness of the patient. It is difficult to say what would be the best method of treating such a case; whether, from the natural repugnance there seems to be to salivation, it would not be safer, by varying the preparation of mercury, when that originally used seems to have lost its



power, to keep up a proper stimulus; and endeavour to obtain in six weeks or more, what in an ordinary course under confinement may be gained in three or four weeks; -I say it is difficult to settle, whether such a method of proceeding may not be preferable to employing force to raise salivation when nature strongly opposes the endeavour; the strength or weakness of the patient and other circumstances, should, I apprehend, determine the practitioner in his choice. In one case, during the space of a month, more than six ounces of *Ung. Hydrarg. fort.* had been fairly rubbed in, besides the internal use of a very active internal preparation for a venereal sore throat. The patient was greatly emaciated, somewhat weakened, and his mouth slightly sore, with some degree of salivation; yet the ulceration was not altered: in this situation he used a cinnabar fumigation; from the first application of the vapour no remarkable change took place, but the second increased very considerably the affection of the mouth, brought on great and distressing prostration of strength, sickness, purging, and



a dysenteric kind of uneasiness in his bowels. The diseased appearance immediately gave way, and after quieting the general commotion by a warm opiate, the effects of the remedy, as well as the symptom of the disease, subsided, and very soon went off. In this case, as in many others that might be adduced, probably the internal putrefactive changes so necessary towards a cure were so absolutely dependent on salivation, that they could not be separated.

It is not within the compass of the present publication to enter into the action of mercury when it ceases to be a medicine and becomes a poison. But it may be necessary to mention some of the ill consequences which may arise from a too plentiful introduction of it, or from too violent salivation: and to shew, that though it may be freely and with safety used for the cure of *Lues Venerea*, and other diseases, yet there is a limit in the progress of its effects, beyond which it should never be urged. When the medicine or its effects have been carried too far, that weakness which ever attends a mercur-

rial course in a greater or less degree, is not what it ought to be, transient, but has a disposition to be permanent; and that principle of invigoration, which always follows a well-conducted cure under confinement, is almost lost. This accident most frequently happens in a very irritable or inflammable habit; when a too violent long-continued salivation, or a tedious course (when the quantity of mercury used has been large under confinement) have preceded; in which the putrefaction has been great, and the attempts to raise a spitting have been strenuously persisted in, though nature strongly resisted the effort. When a man after a large accumulation of mercury under confinement, complains of great and distressing prostration of strength, has slight nausea, a pulse much quicker and harder than natural, universal agitation of mind and body, with want of sleep, especially if there is also some degree of giddiness with an obtuse pain in the head, the practitioner has done, generally speaking, enough, and let the symptoms of salivation be ever so trifling he cannot with safety, un-

der these circumstances, stimulate farther; he must either desist entirely from the use of the medicine, or if he still imagines that the disease is not perfectly cured, must wait a little for the subsidence of these effects before he proceeds with the remedy.

When the medicine has been so urged as to produce a great degree of weakness; to a very considerable general irritability is often joined a partial one; thus if sloughs have formed behind the posterior *dentes molares*, they will sometimes put on a kind of phagedenic appearance, and spread towards the uvula. If there has been a venereal ulceration on either of the tonsils, which towards the latter part of the mercurial course has had a kindly granulating appearance, when the medicine is pushed beyond the necessary point, it will frequently be changed to a colour somewhat cineritious, which will be most evident at the circumference of the sore; the uvula and posterior part of the palate will have a similar hue; and sometimes ulcerations truly gangrenous, will succeed to that soreness of the mouth, the degree of which is indeed hard



to define with accuracy, but which nature seems to have marked out for the precise state beyond which she must not be stimulated. If a bubo remains unhealed, it will sometimes become phagedenic when the medicine has been employed too freely, or used at a time when the constitution was too weak to bear its natural operation. The sore becomes exquisitely painful, and highly irritable; it spreads from corner to corner at a prodigious rate, undermines the skin, eats into the surrounding parts irregularly, so as to produce an ill-looking ulceration, with ragged, callous, fiery edges. This is sometimes the mere effect of mercury, but sometimes to this cause may be added another, namely, a latent venereal taint, roused up, as it were, but not eradicated by the stimulating and putrefactive power of the medicine.

When, notwithstanding the fair use of mercury under confinement, and after it has raised a considerable affection of the mouth with the usual internal changes, &c. it happens that the cure is not permanent. It is most probable that the failure has arisen



from the quantity of mercury employed, having been too small, its action too weak, and not kept up for a sufficient length of time; or from some other circumstance which, though essential, has not been properly attended to in the course of the treatment. To give one instance out of many that might be given of such a failure. A person at the time he received chancrous infection had a pox in his habit, which had been for years suppressed, but not perfectly cured. From the last and more recent infection he had an ulcer on the inside of the prepuce, which from irritation and neglect soon occasioned a phimosis; in this situation he applied for relief; being unable to give himself rest, he used mercury in the alterative way for about a fortnight: finding no considerable amendment, he submitted to confinement; and having rubbed in for about ten or twelve days, a considerable affection of the mouth took place, which for some time forbade the further introduction of the medicine. During this interval, it was observed that a pustule on one of his cheeks, which he had had for some time

before his confinement, but which from having nothing striking in its aspect had not been regarded, suddenly went ; the hardened crust came off, and left a true venereal pit behind. The salivation, though it seemed to have cured this symptom, had not cured his chancre ; the phymosis was not perfectly gone, and the ulceration, though in a healing state, was not well. At the time when the subsidence of the mercurial effects, and other circumstances, plainly demanded the further introduction of the medicine, he was obliged to go into the country on urgent business, and did not return for a fortnight, and though he continued the use of mercury during the whole of that time, yet when he came to town he was much worse than he had ever been ; the pustule on his cheek had returned, was increased considerably in size, and was now a deep ulceration, and the phymosis and chancre were in as bad a state. Under these circumstances he was confined a second time, mercury was again introduced in a variety of forms, without interruption, for five weeks complete, and his mouth kept tender for at least half that time ; the sore on the face yielded, but with much

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more difficulty than before ; the phymosis and ulceration on the prepuce continued. The medicine was at last urged so frequently and so forcibly, that it would have been unsafe to have pushed it farther ; in consequence of this, the ulcer on the prepuce, though not perfectly well, was nearer being healed than it had ever been ; and the phymosis so far gone, that the glans could with some difficulty be denuded. As soon as his general state would admit of it, he was directed to employ a cinnabar fumigation to the glans and prepuce, which expedited the healing : and by the absorption of the vapour from the fumigation, which he used every other day, with the assistance of the *solut. sub. cum. decoct. sars.* continued for a month more, he got perfectly well.

Some part of the difficulty attending this case ought certainly to be attributed to the unfortunate discontinuance of his first course, under confinement : but from the quantity of mercury he had then used, and from its effects on the system, I am of opinion, that if this had not been a mixed case, I mean, a new infection engrafted on an old one, the course, imperfect as



it was, would have cured him ; or at least have rendered the second treatment effectual, without the necessity of a subsequent alterative course. Five years before the receipt of the infection for which he was under my care, he had been under another surgeon, and with the utmost difficulty cured of a venereal sore throat. From the foregoing history it is plain, that though salivation, from some unforeseen accident or other, may sometimes fail of curing, yet that it will so far break down or enervate the disease as to render a perfect cure easily attainable by the aid of an alterative course ; and that there are symptoms which will yield to the action of both, that will not give way to either singly.

A married lady, who had been infected for many years, was salivated fairly for the disease ; when she had desisted from the use of mercury, and was supposed to be cured, she felt considerable pain on one shin ; from the very plentiful salivation she had been in, the surgeon who had had the care of her concluded that she was cured of the disease, and that the present symptom would be taken off by laying a caustic on the



part, and fairly dividing the periosteum; the operation was done; but she did not find much relief from it. In a short time what seemed to be a partial affection became a general one; she had nocturnal pains universally, and a large node suddenly made its appearance on the *os frontis*. I put her immediately not only into a course of the solution, but ordered her, after a week's use of this medicine, to rub in below the node on the leg 3 ss. *Ung. Merc. fort. alternis diebus*, and to take from a pint to a quart of the *decoct. sarsap.* a day.

The mercurials were so managed as not to affect her mouth till the close of the course, and she was confined to her chamber after the first week. When she had followed this method for a month her pains diminished, and the node on her forehead disappeared; a trifling uneasiness on the affected tibia only remaining. By a perseverance in this plan for three weeks more, her pains left her entirely, and so far as respected the disease she was cured. Towards the latter part of the course I pushed the mercurials rather freely till her mouth became moderately sore; when that had subsided she was

suffered to go out; in about a fortnight from which time a small exfoliation was thrown off from the tibia, and the sore immediately healed.

To what are we to attribute the cure in this case? Probably to the salivation, which in the first instance broke down the disease; to the raising a more gradual, more perfect, and larger accumulation in the system in the second course, than had been before effected; and lastly, to the sarsaparilla.

Whether this medicine has actually any specific power in the venereal disease, or whether it has only a property of acting in such a manner on the system as to assist the natural operation of mercury, I will not say; but certain it is, that so early as the middle of the sixteenth century \* this root was employed in the *Lues Venerea*, and for this particular symptom, a node. Perhaps both this medicine and guaiacum may have some degree of specific power in the more advanced stages of the disease, when the

\* *Salsa est regina in hoc, quia discutit tophos quodam quasi miraculo, lignum guaiaci etiam digerit, sed non ita, nec tam facile*, Pag. 816. *Aphrodisiac. Gabriel. Fallop. de Morbo Gallico. Cap. 115.*

periosteum or bones are affected. The author just quoted has, after describing two kinds of gummata, one of which we now call a node, remarked, that they arose *post inunctionem hydrargyri, qui non sanant ægros*; and I apprehend they are owing to the repulsion of the pustules from the surface of the skin to that of the periosteum by the too partial operation of the medicine on the disease; and not to its deleterious effects on the constitution.

Having given the most usual forms in which a mercurial course, under confinement, generally appears in daily practice, when employed for the cure of the most obstinate symptoms of the *Lues Venerea*, I have only to add a few observations on its intrinsic merit, as a method of treatment. I must apprise the reader, however, that I have all along placed it only in a general view, as a means of relief for the very worst stages of the disease, nor do I now mean to apply it to any one particular symptom—that will be done hereafter. But thus much it may be proper to say in this place; that in the method under confinement, any quantity of mercury may be introduced into the general circu-



lation, excepting those persons only who salivate very readily, and even in that idiosyncrasy a small quantity may be so managed as effectually to do the business of a much larger, and with the most perfect quietude of mind and body. We can with the utmost ease and certainty, and without the smallest check from irregularities, the action of cold, or other circumstances, proportion the quantity to the effects on the system, and both, to the disease. We can cure by this method in the shortest space of time possible ; and by a proper attention to the habit of the patient, the practitioner may generally, and at pleasure, make its effects slight or violent ; he can therefore adapt it to every symptom. Thus a recent chancre he may often cure in a fortnight or three weeks, without affecting the mouth much ; and the very worst secondary symptoms, sometimes within three weeks, a month, or five weeks. As to the consequences of a too rapid or violent salivation, with the precautions I have mentioned, they may in general be prevented. In summer as well as winter the patient's chamber should not be too small, and when there



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is too great an *aptitude to salivation* it will be of service, especially during the former of these seasons, if at the commencement of the course he ranges from one room to another, or even lets in fresh air occasionally. But in the opposite constitution, the same liberty is not allowable, for it will impede the natural operation of the medicine; nor can it in any case be safely adopted with the same freedom in winter. A mercurial course under confinement, *when the rules I have laid down are carefully followed*, will, I believe, prove generally speaking not only the most certain method of treating the disease, but when applied to the most delicate constitutions it possesses fewer inconveniences than any other; for it has not the danger which the prosecution of an alterative course ever will have in so variable a climate as that of Great Britain; it is not subject to the same interruptions; nor has it the inconveniences of ordinary, or rapid salivation. In short, the effects raised are simply those of the medicine, assisted, indeed, but not counteracted by any one circumstance under which the course is undertaken: and what weighs more than any thing. L

have yet said, the weakness it occasions resembles that which follows a short-lived, acute febrile disease, and immediately goes off upon the patient taking to his former habits, and exposing himself carefully to the air.

THE  
**ALTERATIVE METHOD.**

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**I**F an alterative course were to be conducted according to the ideas of some practitioners, it ought to be so managed as to avoid symptoms of salivation entirely ; I mean by the term every affection of the mouth whatever ; and the precise point to which it should be carried, be to the production of inflammatory diathesis only ; that is, to a preternatural fulness, frequency, and strength of the pulse. But if such method of employing mercury be applied to a genuine venereal symptom, and cures ; it will be but in very few instances. For, to say nothing of the natural tendency in the medicine to lay hold of the mouth, which no man can always prevent ; it may with truth be said, that amidst the variety of cases which do daily fall to the lot of every practitioner, to one cure effected in the

above way, there are at least ten, in which a very palpable and considerable affection of the mouth must be raised ; not only purposely, as an indispensable requisite towards a cure, but unavoidably. It being impossible, in some habits, to introduce mercury enough to cure without it. And therefore the doctrine, however specious, can be very seldom applied with advantage to practice : and when too implicitly relied on, may do much mischief, by leading the incautious and inexperienced astray after an *Ignis fatuus*, when they should be following a substance, and depending upon the more solid effects of the medicine.

The leading principles, already laid down, when speaking of the preceding method, are, *mutatis mutandis*, applicable to the alterative. The great discriminating circumstances are exercise and exposure to the open air ; under a regimen somewhat less stimulating and nutritious than in the ordinary habits of living. To which may be added, in the idiosyncrasy which is soon affected by mercury, the introduction of the medicine in much smaller doses.—In the opposite temperament, if we mean to raise the



proper antivenereal effect, the doses must frequently be as large as when the medicine is used under confinement.

I will suppose it entered upon by frictions, as in the preceding method. We are very properly directed to begin with small doses; which are to be increased in strength, and applied at longer or shorter intervals, as circumstances may direct. If a tendency towards salivation should at any time appear, we are to put an immediate stop to the further use of the medicine, and to wait till such tendency is removed, after which we are to have recourse to the stimulant again, and with this restriction, to continue its introduction till the disease is cured. We are not to load the system hastily with so large a quantity of mercury as in the foregoing course, but to endeavour, by the use of smaller doses, proportioned however to the prevailing idiosyncrasy, to produce a more slow and gradual accumulation; and the number of frictions, be they more or less, should form as it were a continued and well connected chain; so that towards the close of the course, the system may be acted upon fairly, by the conjunct force of

the several doses. Such, in few words, are the general outlines of this method.

The degree of inflammatory diathesis is less to be depended upon for ascertaining the due absorption of the stimulant and its proper action on the disease, than in the preceding method: because an irritable or inflammable habit, when stimulated by mercury, introduced under the influence of air, exercise, and a nutritious diet, is much more easily heated, than when these last circumstances do not prevail; and it is extremely clear, that a much less quantity will alter the state of the circulation, by its mere stimulus, than will produce a proper antivenereal change on the fluids. Therefore, no reliance should be placed on this symptom, when it is pure and unmixed; and not that alteration in the system which precedes and attends an affection of the mouth. But it may be considered as an accident requiring the occasional interposition of evacuations, and an antiphlogistic regimen. And we must endeavour to ascertain the progress we make by other circumstances. If the medicine causes a tenderness, or uncommon taste in the mouth, with

disposition to salivation, though the affection be slight, we may be certain that it is as much the mark of an internal putrefactive process going on, in this method, as in that under confinement: of a process, however, which is kept under by the influence and strengthening power of the three circumstances just mentioned, viz. air, exercise, and diet. But, notwithstanding, the extensive operation of these causes in this kind of course, such is the power of the medicine, that the usual effects of mercury, under confinement, are sufficiently evident to satisfy an inquirer that the internal changes do actually take place; though, perhaps, not so completely. The costiveness, before the mouth becomes much affected, and the fœtor when it is, the emaciation, extreme languor, sometimes with cold colliquative sweats, or dysenteric kind of purging, &c. are generally, when the course cures a bad symptom, so strongly marked, as to put the matter out of all doubt. There is even a similar attenuation or want of natural cohesion in the blood. The great difference in the two methods arises from the causes above assigned, and whoever considers atten-

tively their influence will be sensible, that such causes must act as checks to the putrefactive effects of the medicine; and that to these the seemingly smothered state of its operation is more owing, than to the manner in which it is introduced. The predominant circumstance in the former method was weakness produced by the rapid introduction of full doses under strict confinement and total inactivity. That of the present is strength generated by a more cautious management of the medicine, when the constitution is at the same time under the action of air, exercise, and a generous diet. The one shews how the invigorating power of the medicine may be diminished; the other, how it may be increased.

An alterative course will always cure in the idiosyncrasy easily salivated, with more certainty, than in the opposite state of the body; and this leads me to speak of the doses by which this method should be conducted. In the former of these cases they should be small, and so managed that they may gain as it were insensibly on the constitution, without raising a considerable affection of the mouth; and if this



is done properly, the system will soon become accustomed to the stimulant; the power of habit prevailing by degrees over the natural tendency to salivation. If, however, the mouth should become suddenly and prematurely affected, it will be proper to desist immediately from the use of the medicine; and, when this symptom is suffered to subside, it may be generally repeated with more boldness than before. Whenever the opposite idiosyncrasy can be known, the doses should be larger, and repeated with greater freedom; and without this precaution it will be extremely difficult to produce the requisite degree of putrefaction and weakness.

The greater number of doses required to obtain the same antivenereal effect in this, as in the other method, weakens the general operation of the medicine. Therefore whenever the power of habit shews itself, the dose must be not only increased, but it will be most frequently necessary to introduce it in a new form: if frictions were first employed, an active internal preparation may be added to them; if this should prove insufficient, another should be

called in, as an aid to the means before used ; and in this way the proper action may be kept up. If the stimulant be urged too far, perhaps symptoms of salivation may arise ; and if they appear at the latter part of the course, when the disease is nearly cured, they will be of considerable service : because they will point out the proper internal changes, after a due retention of a large portion of the medicine. But, if they come on too early, the case will be very different ; the connection between the several doses being prematurely broken, the attempt to produce the requisite but indefinable accumulation for a time fails. And in both cases it frequently happens, if the symptom is an obstinate one, that, notwithstanding the use of the medicine, for some weeks, and the present affection of the mouth, it will remain unaltered, or perhaps is but just beginning to put on a favourable appearance ; plainly indicating that the internal process is only in its first stage, and that a further, more considerable action of the remedy, and greater degree of putrefaction, are necessary. How are these to be effected, when the situation of the patient precludes the

observance of confinement? They are in such a case to be brought on, only by the longer continuance of the stimulant. If the present affection of the mouth is so considerable that more of the medicine cannot be immediately introduced, there must be an intermission for one, two, three, four, or more days; and, if the practitioner is not extremely attentive, the putrefactive process, which was going on when salivation was impending, will suddenly be stopped, and the invigorating effect of the remedy will soon shew itself by a fresh flow of spirits, and by the amended health of the patient. So that after this, the course must be recommenced under difficulties very much increased.

But if this should occur in the habit easily salivated, I believe it will be of no great disservice: for when the effects are suffered to subside considerably, the proper accumulation may be afterwards made without danger of another premature interruption: a second affection of the mouth being most frequently more difficult to raise than the first. But, if it occurs in the other kind of habit, from cold throwing

up a quantity of blood to the head; from violent exercise; the unexpected absorption of a large dose of mercury, &c. it will render a future attempt to cure extremely difficult. In this case, the affection of the mouth, and general state of the patient, must be accurately watched, and upon the very first appearance of relaxation in the symptoms of putrefaction, the medicine must be recurred to: for it is inconceivable to those who have not attended to the fact, how very soon symptoms of strength will appear, and counteract our future endeavours upon the smallest interruption or diminution of the usual doses: I mean in this particular habit. Both these situations are rather embarrassing; for in both there must be a temporary suspension of the effects of the medicine, by which its operation on the disease must be weakened. However the shorter the interval the better; and when the mouth is not much affected, it is frequently of singular advantage to continue the use of the remedy in a very small dose; thus from half a grain to two grains of *Hydrarg. calcin.* may often, notwith-



standing the seeming tendency to salivation, be had recourse to, and repeated occasionally; and so powerfully will the circumstances in which the patient is placed keep under this tendency, that the soreness of the mouth will frequently diminish, though the medicine be continued in this manner for some days, and at length get into such a state as plainly to point out the necessity of larger doses. If I can prevail with my patient, I generally begin with frictions, and seldom use a larger quantity, for the first fortnight or three weeks, than *ʒij. Ung. Merc. fort. omni nocte*. If the medicine occasions a purging, the bowels must be quieted by an opiate; that done, if no considerable affection of the mouth follows, it may be repeated and continued. If costiveness supervenes, we may be certain that it has not only fairly entered the circulation, but that it will not be long before it will shew some salutary effect on the disease.—If there is no danger of a sore mouth I now recommend an internal mercurial, and let the bowels be ever so irritable at the commencement of the course, they

will generally bear one perfectly well at this period of the process.\* If the patient objects to frictions, at the beginning of the course, *Mercur. crud. cum. Bals. sulph. ext.* may be substituted; but in a small dose, which may be gradually increased.—Whether it purges much, or is, after some days, followed with costiveness, a similar method of treatment may be adopted as when speaking of frictions; the same may be said of *Calomel. Hydrarg. Calcin. Solut. Hydrarg. muriat.* when the course is entered upon with them, and the constitution will bear the irritation of these medicines.

In a very few days, and sometimes immediately, from the commencement of the costiveness, the effects of the medicine on the mouth may in a small degree be perceived: the patient becomes thin, pale, and somewhat weakened, but sometimes the costiveness appears many days before the other symptoms, and sometimes the natural state of the bowels is not much altered. When, however, the foregoing effects of the medicine are present, great attention, in the

\* I generally use *Hydrarg. calcin.* or *calomel* if they sit easy; if not, *Merc. crud. Bals. sulph. ext.*

further prosecution of the course, will be required to keep the balance even, between the circumstances which dispose to strength or weakness. For as, on the one hand, by urging the remedy too precipitately, the practitioner may bring on such an affection of the mouth as may put him under the necessity of confining the patient; so on the other, by not pushing it far enough, he may suffer its invigorating power to get too great an ascendancy over the habit; and thereby lessen the efficacy of the course, as an antivenereal. In the method under consideration already considered, we are apt to rely too much on the effect the medicine has, *simply on the mouth*, without regarding sufficiently the *quantity* employed or its *retention* in the system. In an alterative course, being pretty sure of the last two circumstances, we trust, perhaps, too much to them, without considering that the internal symptoms of putrefaction, of which the affection of the mouth is only the general mark, should be not only raised, but kept up, till the disease is perfectly cured. This putrefactive process not only comes on much later, but a cure most fre-

quently requires that it be continued longer than in the method under confinement. I mean when the intention is to cure a troublesome primary or secondary symptom. If the remedy can be so managed as not to affect the mouth too soon, and a fair accumulation is at the same time made in the system, within three weeks or a month, there will remain the same space of time for the production of the putrefactive change: for a cure can seldom be performed in this method in less than five, it is often six weeks, or even two months longer. And this variation depends on the obstinacy of the symptom, on the habit of the patient, on the effect of the medicine, and on the prevalence of those circumstances during the course, which dispose to strength, and which counteract the natural progress of the medicine: and to these may be added, a regular or irregular method of living. Indeed irregularities may occasion its protraction greatly beyond the limits above mentioned.

The degree of affection in the mouth differs greatly in different persons. Sometimes, after a fair accumulation effected within a month or



somewhat more, the tenderness of the gums shall be so trifling as to be scarcely perceivable, and that only at the very close of the course; sometimes there shall be a fair secession of the gums from some of the teeth, even after three weeks, which shall continue till, by the repeated attacks of the medicine on the system, the disease shall be fairly eradicated; the tenderness of the mouth, during all that time, being neither lessened nor materially increased.

The effects on the disease are in this case gradual, they do not begin till the mouth becomes touched; nor till the usual symptoms of putrefaction, as prostration of strength, &c. arise; and the cure is seldom completed till a considerable degree of emaciation and weakness has taken place. But it sometimes happens, even in this method, that a similar effort in the system prevails, as in the method under confinement, of forcing open one or more of the secretions usually influenced by mercury. If this should appear at the close of the course, when the system is sufficiently loaded, the effects of the remedy will be as conspicuous, but not quite so rapid or certain, as under confine-

ment ; and when it has been preceded by some degree of tenderness in the mouth, with prostration of strength, &c. for several days, it is the limit beyond which we should not go. Indeed when these effects have subsided, if the disease still continues, and nothing contra-indicates, the medicine may be again recurred to. For though in salivation the decisive revolution seems sometimes to take place in a few hours ; that depends entirely on its violence, and on the perfectness of the external and internal changes. We are not to expect the same consequences in an alterative course. However, even in this, the transition from disease to health is remarkably quick, and is, at the end of the process brought about by the operation of the medicine in a few days. It is therefore less necessary to guard against interruptions at the commencement, than towards the close of the course. For the business of the first weeks is to cause a due absorption and retention of a sufficient quantity of the medicine ; the intention in the latter weeks should be carefully to watch over and sustain for a proper length of time, the antivenereal effects of the medicine.

The habit, which salivates readily, is much more under control in this method than in the preceding, and the effects of purgatives, and the warm bath, for repressing an impending ptyalism, are much more to be relied on. And this is probably owing to the concurring influence of a constant exposure to the external atmosphere.

But the most troublesome case is, when the circumstances under which the course is pursued co-operate with an acquired or natural inaptitude to salivation. The medicine has been introduced, we will suppose, for several weeks; no alteration, save perhaps a slight emaciation, can be perceived in the patient's appearance, nor any in the disease. What is then to be done? If the symptom is a hazardous one, and spreading with rapidity, confinement will be the safest and best assistant to the cure. But if he cannot submit to this; if the doses of the medicine have been already increased to the utmost, another preparation may be added to the first, and so on. Or, if little or no tenderness of the gums has yet taken place; a

mercurial topic may be applied directly to the mouth and throat, which by giving to the medicine the property it seems more particularly to want, I mean the disposition to affect the salivary glands, perhaps its proper operation on the system and disease, may be produced.

The best medicine I know of, for this purpose, is *Hydrarg. cum cretâ* thrown dry from a paper into the throat, and suddenly washed down with water. But if this, and the other means recommended fail, there is no alternative but confinement. As to a cinnabar fumigation to the throat, unless there are spreading ulcerations on this part, it has too powerful an effect on the salivary glands to be trusted to; though this preparation might be applied as a topic, in the case of a spreading chancre on the glans, and by this surface, a considerable portion of the medicine may be taken into the circulation.

The inconveniences of the alterative course, just described, may be ranged under two heads: the one appertains to it as a method, its defects being interwoven in its very nature, which no modification in the application of the medi-



cine can fully remedy. The other it possesses in some measure in common with the method under confinement. Under the first come all those cases in which this method has generally, and will for ever, prove injudicious and ineffectual. It is injudicious to trust to it when a symptom is to be treated which is proceeding with great rapidity; in which much more injury is likely to accrue to the patient, if he waits the issue of the slow effect usually attending an alterative course, than he can possibly receive from a temporary sore mouth.—I have fully shewn that the decisive change in this method never can be produced in a short space of time, unless salivation is absolutely risked, and if this takes place, the course is no longer an alterative one, for the cure must be finished according to the method under confinement. If the anxiety of the patient, or mistaken zeal of the practitioner, prompts the latter to the use of a powerful topic before the proper antivenereal effects from the general application of the remedy have appeared, eight times to ten he will not cure the disease; he will only damp the fire for

the present, which at some future time will rage in the old, or a new form with inconceivable obstinacy: as this, therefore, can be only a temporary expedient, there is no man, I hope, however blinded he may be by prejudice, who will not see the propriety, I had almost said the absolute necessity, of confining the patient under the circumstances just described. It is ineffectual, when the power of habit and idiosyncrasy of the patient so far predominate; that no quantity of mercury, however large, can be made to produce the proper putrefactive consequences; and this occurs much too often.

Independent of the accidents to which those who have weak lungs, of every temperament, are liable from the action of mercury; there is one in which I have never seen a mercurial course entered upon; whether under confinement or in the alterative way, but with a great degree of serious anxiety. The case I have in my eye is the true and very delicate sanguineous temperament, in which the complexion is exceedingly fair and florid, the hair light, the eyes blue, the make slender.

der, the neck long and tapering, the shoulders high, and the chest perhaps narrow; in which there is a constitutional propensity to catarrh, to hæmoptoe, and phthisis pulmonalis. Let the two methods which have been very fully, and I hope fairly considered, be applied to this particular constitution; and let any man, who is capable of determining from his knowledge in the natural progress of diseases, and in the effects of medicine, tell me, whether in such a constitution, an alterative course continued for an obstinate primary, or secondary symptom, for one, two, perhaps three months, or longer, during the coldest and most variable seasons in our climate, or even in summer, is not much more likely from its consequences to be injurious, than the other method, which does not take up half the time, and in which all exposure to the inclemency of our atmosphere, and every kind of inducement to irregularity, are wholly avoided: and lastly, in which the quantity of mercury necessary for the cure is not perhaps half so much. And this leads me to observe farther, that in a tedious alterative course, the



strong action kept up in the vessels is not of the acute, but of the chronic kind, which in every, even in the best possible temperament, must more or less dispose to hectic. But I am happy to have it in my power to say, that amidst the great variety of cases, in which the alterative method only can be employed, these *infortunia* do not happen often: and, when they do, irregularities on the side of the patient, who will not always submit to a proper regimen, have as great, if not a greater share in doing the mischief than the quantity of mercury received, the length of the course, or even the exposure to a very changeable atmosphere. For it is very wonderful how easily, even delicate constitutions will by habit and a cautious exhibition at the onset, and throughout the course, accommodate themselves to the use of this medicine, and seemingly without material inconvenience. <sup>11</sup> Indeed, if it was otherwise, the remedy would be almost literally as bad as the disease.

An alterative course then, conducted with the proper attention, may, with great pro-



priety and general success, be applied to most of the primary, and to some of the secondary symptoms of *Lues Venerea*. By the first of these terms I mean chancre, chancrous excoriation, and venereal bubo: by the last, a venereal sore throat, when a primary symptom has preceded—venereal eruptions—nodes—venereal pains—venereal excrescences, &c. In the idiosyncrasy too prone to salivation it may be adopted, in some few cases, perhaps, in preference to the method under confinement: the reasons for which have been already adduced, and I hope sufficiently explained. It must however be remembered, that this mode of cure is more certain and safe, in summer than in winter—in a warm climate than in a cold one, and under a guarded exposure to the very variable atmosphere of this country, than under an irregular course of life without such precaution.

There are certain topical applications, which have been very freely employed as assistants to the power of mercury for expediting a cure, or stopping the hasty progress of particular symptoms. These may be ranked under the

general name of *sedatives*. By the term, I mean not those only, which in strictness of etymology come under this head, as the vitriolic and saturnine; but all mercurial, and caustic medicaments, whether used for the professed purpose of destroying a diseased surface; or in a more diluted state, as promoters of good suppuration and granulation in parts ulcerated. For these, though they act with some degree of irritation, have yet ultimately, with respect to the disease, a similar effect with sedatives of the astringent kind. In this class may be ranked *Argent. Nitrat.* whether in its original form, or dissolved in a very large proportion of water. *Hydrarg. Nitrat. Rub.* whether employed alone, or mixed with a cerate of wax and oil, &c. They have a tendency to check, and even cure a venereal sore, though the disease, of which this sore is a symptom, remains unsubdued in the habit. And this is one cause of imperfect cures in primary symptoms, and will in part account for the great number of those called secondary, which are daily met with. If these applications were employed with proper caution, and never with.

out the fairest and most unequivocal general operation from the specific, this recurrence of the disease would not so frequently happen.

Some of the best writers, both ancient and modern, have cautioned us with a great deal of earnestness against the use of astringent sedatives, and other repellents, in some of the stages of *Lues Venerea*; particularly in the three general primary symptoms above mentioned. And being fully sensible of the inconveniences arising from the application of these topics to a common chancre, which they could see; they transferred the same idea to the *Gonorrhœa virulenta*, which they seem to have taken for an internal ulceration of the chancreous kind. If their notions of the *Gonorrhœa* had been just, the doctrine they have laid down would have been equally, and upon the same principle, applicable to both symptoms. Without entering at present minutely into the theory of the *Gonorrhœa*, it may be worth while to shew, that though disagreeable consequences do sometimes arise from the application of sedatives to the train of symptoms which go under that general name; yet a moderate at-



tention to practice must convince any one that they are not those of a chancre or chancreous excoriation, imperfectly or too suddenly healed. For, from the latter we have generally secondary symptoms of *Lues Venerea*; in the former, so far as my experience has extended, we have not. At least the assertion is strictly true, in much the greater number of Gonorrhœæ which are daily met with and are called virulent: and if I mistake not, the ill consequences arising from astringent sedatives when applied to them are of another and very different kind; and are owing more to mismanaged inflammation, than suppressed infection.

At one period of a virulent Gonorrhœa, not only the whole tract of the urethra, but the glands in immediate connection with it, and which open into it, are rendered highly irritable, and are in a state of increasing inflammation. The smallest stimulus applied to any one of these parts is very readily extended to, and vibrates throughout the whole. The discharge under these circumstances, though thin, and perhaps somewhat stimulating, bears a proportion to the violence



of the inflammation; and when the latter is sufficiently moderated, becomes greatly instrumental to the cure; as it is an evacuation immediately from the part inflamed, whose vessels it never fails to unload. If we put the idea of infection out of the question, the same kind of antiphlogistic treatment nearly becomes necessary in the inflammatory stage of this disease, as in a true peripneumony, with spitting from the mucous membrane of the lungs, or as in a very violent inflammatory catarrh; and as in these two diseases the sudden subsidence of the increased secretion from the membrane never fails to exasperate the inflammatory symptoms to such a degree, as sometimes to threaten immediate suffocation; or, if the patient escapes this danger, to terminate in suppuration, ulceration, or adhesion; so in Gonorrhœa, when a check is put to the discharge from the urethra by an astringent sedative, by a calomel, or any other injection, which diminishes considerably, or totally stops this natural evacuation, the tendency to phlegmonous inflammation in every part of the canal, but that

which the sedative immediately touches, is greatly increased, and a train of deep seated inflammatory symptoms ensue. A medicine of this kind therefore is in no case safe under the circumstances above mentioned; it is unsafe even with an antiphlogistic treatment, but it is infinitely more so without it: and if the patient escapes the effects of immediate inflammation high up in the passage—hernia humoralis—affection of Cowper's glands or the prostate, he most frequently lays the foundation of a future stricture.

But the consequences of a suppressed venereal symptom are very different, and are purely, and without the smallest mixture of inflammation, those of repelled infection; and the never failing consequence of an improper general or topical treatment of a venereal bubo, chancre, or chancrous excoriation, will be to produce at a future, perhaps no very distant period, some one or more secondary symptoms; and in these, as well as every other case of *Lues Venerea*, properly so called, the practitioner should depend as much as possible on the general

effects of the specific for a cure, and on them only.

Some have imagined that the first rudiment of a chancre, that is, the pimple before its conversion into an ulcer, was curable solely by the application of a caustic; others go so far as to imagine that an incipient chancre, even when it is fairly characterised, may be in like manner healed, without any ill consequences ensuing to the constitution; in both cases they go on the principle that the complaint is merely local; that the poison has not yet entered the circulation, and therefore that this kind of treatment cannot do any injury. With regard to the first of these states, no man I believe can distinguish with certainty a venereal pimple from one which is not so. But if he could, the impropriety of all topics is to the full as clear, and irrefragable as in the more advanced stage of a chancre. Whether the infecting fluid be received by abrasion, in which case it undergoes a change in the infected part, on which it is deposited; or whether it is immediately absorbed by the lymphatic pores, and



conveyed to the inguinal glands, as when a bubo appears as a first symptom; the fact I believe is, that it is taken up and mixed with the circulating lymph; even in *coitu*. If that is the case, the practice I am now considering must fall to the ground; and is on no principle whatever defensible: so that chancre, chancrous excoriation, venereal bubo, though apparently local affections only, are yet symptoms of a general disease; which exists in the habit from the moment of infection.

In a small, very recent, and uninflamed chancre, even water, when it has been taken from a spring impregnated either with aluminous or vitriolic particles, may be so powerfully sedative as to stop the progress and fermentation of the poison on the part, and heal the ulceration: and in this stage of the disease *Lotio ex calomel: Ung. Mercur. Cerat. alb. cum Hydrarg. nitrat. R.* all medicines of the vitriolic or saturnine kinds, and many others, will have a similar bad effect. In the more advanced state of a chancre the same sort of applications may be hurtful, by causing the sudden cicatriza-



tion of the sore, or by making it put on that healthy appearance which should be produced by the most unequivocal general effects of mercury on the constitution, and, if possible, by those only.

And I am very much mistaken if these kind of applications have not a tendency to drive back into the circulation a considerable portion of true infecting matter, which, when a chancre is left to the general operation of mercury, would find an exit from the part and from the system. Whether it be owing to this circumstance or no, I cannot say, but I think I have several times seen the progress of the more advanced symptoms of the disease brought on, before the usual period, by the too sudden healing of a chancre or chancreous excoriation. An astringent sedative generally leaves a mark on the cicatrix of a common chancre that it has healed, by which its action may be distinguished from a topic simply mercurial; this mark is a general hardness of the part, or of its circumference, as if the styptic quality of the medicine had puckered up one large, or a number of small

inflamed lymphatics; and sometimes a turgid vessel may be traced from this induration towards the nearest lymphatic gland.

Mercury, even in its mildest form, when used as a topic, is perhaps no less dangerous than a powerful astringent sedative; though this opinion wants some further proof.

It may be said that when a chancre has been healed by the general operation of the remedy simply, when no other topic has been used but mere water, and that only for the purpose of cleanliness, that a small portion of infecting matter may adhere to the external parts sufficient to reproduce the symptom when it has been once healed, or that by its contact with the sebaceous matter of the glands, or mucus of the urethra, it may cause a *gonorrhœa virulenta*. Having often seen a chancre at the orifice of the urethra, simple, and without any attendant symptom of a gonorrhœa, which has yielded in due time to mercury only, without the smallest appearance of this last disease supervening, I very much doubt the truth of the above opinion. But supposing it well founded, it only proves this, that a certain

portion of the remedy for the perfect elimination of the disease, should be applied to the part infected, as well as to the system, and that though a mercurial topic may be called in, as an assistant to the more powerful general effects of the medicine ; it is by no means to be trusted to alone, or employed when those effects have not been produced, or when they are imperfect.

If a mercurial sedative acts powerfully, it frequently leaves no hardness on the part by which its operation may be traced ; it is therefore, when too much trusted to, a more dangerous application than those of the astringent kind. And even when the stimulant is used to the system in general, if its operation is defective in any of its most essential requisites, what is it but a sedative ?—It will damp, and that for a very considerable length of time, the disease it would have cured, had the proper internal and external effects been produced.

What has been said in regard to sedatives in general, will, I hope, be sufficient to dissuade all those who have not attended much to their operation, from using them without a



pressing occasion; this occasion does sometimes occur in practice.\* In an ozena, in spreading ulcerations of the tonsils or uvula, in large spreading chancres with considerable phymosis, and perhaps in a few other cases, mercurial sedatives may be employed early, to prevent mischief which is impending, and of the most alarming kind; but when they are, the general operation of the specific should be complete in all its parts; and sometimes they may be necessary, not only whilst the decisive putrefactive changes are taking place, but afterwards, not simply as means of cure themselves, but as powerful remedies to quiet local irritation, and assist the proper antivenereal effects of the general stimulant. When the disease is palliated, but not perfectly cured, by the joint effects of these kind of medicines, and a slovenly general use of mercury, the symptom which supervenes is generally much more difficult of cure than when the same symptom has occurred from the imperfect ope-

\* I would, if possible, discard the use of all saturnine and vitriolic topics, because they frequently leave an almost incurable hardness, when applied to chancre.



ration of the medicine simply, without the interposition of any sedative topic.

If a venereal symptom is suffered to remain under the influence of no other circumstance, save the general and proper action of mercury, by carefully watching the progress of that symptom, a very good direction may be obtained as to the quantity of the remedy to be introduced, and as to the effects which should be necessarily raised in the system. But if the appearance is altered by a topic, this very useful source of information is lost, and, in that case, the only dependence for a cure must be on a very powerful operation from the medicine; and this operation may perhaps be more violent than the disease would have required, if no such topic had ever been used.

What has been now said on the abuse of sedatives, only respects the patient, as an individual, and has no reference to society.—But, if it be considered, that every person infected with chancres or chancrous excoriation may, during the existence of either of these affections, very readily communicate the

disease to no inconsiderable number of women, and that when once the infecting medium, the venereal matter, is done away from the parts by the action of a sedative or a caustic, it is evident, though these applications may be injurious to the patient, yet they are certainly, in many cases, effectual in preventing the farther propagation of the disease from one sex to the other.

From what has been said respecting the external use of sedatives, the reader will see that I am no enemy to them when they are employed merely to assist the general operation of mercury, by quieting local irritation. Nor to the application of *Argent. Nitrat. Hydrarg. Rub. pulv. sabin.* &c. whenever the structure of any part is so far injured that the usual applications to the system will not reach it; as in some excrescences. But I would advise the utmost caution in the use of the one set of topics, or the other, in cases of simple uninfamed chancre, or chancrous excoriation; more especially when the general effects of the specific are, in any degree, equivocal.

Washing a chancre frequently with tepid

water, and interposing between the glans and prepuce a single layer of the finest dry lint, will answer every purpose of an easy dressing.

In the foregoing pages the ill consequences of a too sudden and too violent an affection of the mouth; and the antivenereal power of the method under confinement, when no such affection could possibly be raised, were distinctly noted, and the attention directed to that *middle* state, which is equidistant from the two extremes, of violent salivation, and the slightest possible impression. Having so done, I was greatly surprized to find myself represented as an advocate for common, or unqualified salivation, and of salivation only, in the cure of *Lues Venerea*; more especially as I had taken some pains to discriminate between the *internal* most essential effects of mercury, which denote a putrefaction *sui generis*, from those which are *external*: and had actually applied this very principle of putrefaction in contradistinction to salivation, as the only probable one that could account for the known anti-

venereal power of the remedy. The former inquiry, so far as it went, was by no means designed to raise the reputation of the one method unfairly, and at the expence of the other; but it was a free and liberal investigation of the merits and demerits of both, as they are generally practised. It did not tend to an implicit reliance on any one mode of treatment, universally; or in all possible cases. But it shewed clearly the propriety of adopting the leading principles of salivation, or the alterative method, as circumstances should direct. In the discussion of a great practical question I was, it is true, under the necessity of entering into a minute examination of the usual effects of *salivation*; in all its different states. But the particular application of these effects to the several degrees of virulence, and stages of the disease, was reserved for a subsequent part of the work. And though a general preference was given to the *middle* state above specified; yet that state differs very materially from *common salivation*. It is neither raised in the same manner; nor has it any of those



painful effects attending it, which render *that process* greatly dreaded by all ranks of people. To apply the term of common, unqualified salivation, therefore, to such a mercurial course is to confound two things which are, in their own natures, widely different.

If by the term salivation, I have been supposed to mean the mere salivary secretion, more especially when it is violent, it is readily allowed that such is not necessary to a cure; because it is, when unconnected with other effects, an evacuation only. But I have all along intended the word in a very different sense; and employed it to express a method of cure under confinement, without any reference to the mere salivary discharge; but in which the mouth is most frequently more or less affected, not simply with an increased secretion of saliva, but generally with tenderness, slight superficial excoriation, temporary secession of the gums from the teeth, and a greater or less degree of fætor of the breath. These *external* effects are described to be nearly synchronous with others, called *internal*. And I believe the production

of the *latter*, in a greater or less degree, to be in every case, truly venereal, absolutely necessary to a cure; and that no instance of failure can be adduced in which they have been *perfect*; and they may be so, not only without any degree of salivation, but almost without any perceivable affection of the mouth: the one set of effects is always necessary, the other only when the putrefactive changes cannot be produced without the correspondent external type, a sore mouth.

When an affection of the mouth has, however, by accident arisen to any degree of violence, and manifested a very quick and extraordinary degree of antivenereal power, (as in the history formerly given,) to deny its efficacy would be to be wholly insensible to a self-evident truth.

Without applying this fact to any particular case, I mentioned it as a circumstance worth knowing. And I still maintain, that there certainly is a superior degree of power annexed to the remedy, when the whole of the putrefactive process takes place with this train of consequences; a power which no

modification in the effects; short of salivation, can *constantly* produce. But the application of this fact to the symptoms of the disease, is another question, which I can only consider at present in a cursory manner. When a practitioner attempts to cure secondary symptoms without producing a sore mouth, he will sometimes find, even under the advantage of confinement, after a trial of some weeks, that his patient is far from well: in such a situation, it will be a comfort to himself, and no small benefit to his employer, to know, that by increasing the doses of the medicine, so as fairly to raise this affection, (though by no means such a one as came on by accident in the above case, or such as is generally understood by the term salivation,) that the cure will *certainly* follow. Every man conversant in the disease, must be sensible that, such a kind of salivation is sometimes unavoidable; and they who are not, should have the candour to be silent till time and experience shew them whether the proposition be true or false.

To explain more fully the author's ideas of the method of cure under confinement be



wishes to recommend; for salivation, in the common acceptance of the word, he cannot allow it to be. All he contends for is the propriety of producing the important putrefactive changes so often mentioned, with a short-lived tenderness of the gums, and parts within the mouth, with fœtor, and moderate secretion of saliva. A chain of effects which, in his opinion, should be neither raised hastily, nor by too small a quantity of mercury, but progressively; after several days have been spent in forming a sufficient accumulation; which effects are not to take place as in salivation, at the *commencement*, but towards the *close* of the course.\* When the quantity introduced has

\* If Boerhaave, Van Swieten, and some other authors are consulted, it will be found that they endeavoured to raise salivation by a few doses of the medicine in a very short space of time. These doses were, indeed, large, or taken from the most active preparations of mercury, and when they had once raised what they conceived to be the precise quantity of salivary discharge, they kept it up to that point for a greater or less number of days.—But though their doses were large, the aggregate quantity of the specific used was generally small. In all those cases in which the flux was neither hasty, nor so violent as to preclude the further introduction of mercury, the quantity in circulation might



raised the usual changes in the system, and these have been for some time followed by the removal of every symptom of the disease, then the medicine may be discontinued, and its effects suffered to subside ; in general, without the necessity of employing it for a longer time. But if the changes should not be perfect, nor the symptoms cured, the state of the mouth will be favourable to the further use of the remedy, and the quantity in circulation may be immediately increased, without the smallest loss of time, till it has reached the precise point.

Laying aside other considerations that might be offered ; such a method of cure is, generally, much less exceptionable than an alterative course ; because the practitioner has the remedy wholly within his power, under the most favourable circumstances, for a cure ; because

easily be increased, and when this was properly attended to, the cures effected by this method were perfect. But in all hasty, rapid salivations, when the doctrine of Sydenham, that the disease could be cured only by salivation, was too implicitly relied on, or not clearly understood, they must have failed very frequently.

in this way a much larger quantity of it can be safely introduced within the same given time; and also, because its natural operation seems to be more perfect. It is preferable to hasty or ordinary salivation; because the quantity of mercury taken in, and retained, is not limited; because the necessary accumulation may be completed without interruption; and because the pain inseparable from the usual method of salivating is, in a great measure, obviated. It has advantages, even over that method of treatment in which salivation is intended, but in which little or no perceivable affection of the mouth can be produced; because it will cure in much less time than such method; because it requires a much smaller quantity of mercury to effect a cure; and because it is from that very circumstance probably less injurious to the constitution.

The above treatment will cure many secondary, as well as primary symptoms. The alterative method will do the same; though by no means in so short a time, nor with the same certainty, or safety. I sincerely wish I could say, from experience, that these methods were

always equal to the disease. But the truth ought not to be concealed. The uninformed should know, that there are some symptoms which no alterative course, hitherto made public, will ever cure, so as not to have a relapse in future. Nor will even the above method under confinement succeed, in some few cases; unless the quantity of mercury employed be considerable, and the effects carried to the *fair point of salivation*. When I say that, I advert, particularly, to the kind of habit, in which the requisite putrefactive process cannot be made to take place, without a considerable affection of the mouth; and to the cure of the most obstinate stages of the disease.

A more direct and circumstantial application of the above method, under confinement, when its effects on *the habit*, and *mouth*, need only be slight; of the same method, when more forcibly urged to *fair salivation*; and of the *alterative*; will be given hereafter.

They only who have carefully noted the operation of the specific in the worst secondary symptoms can have a just, or adequate, idea of the force with which the disease, as it were,



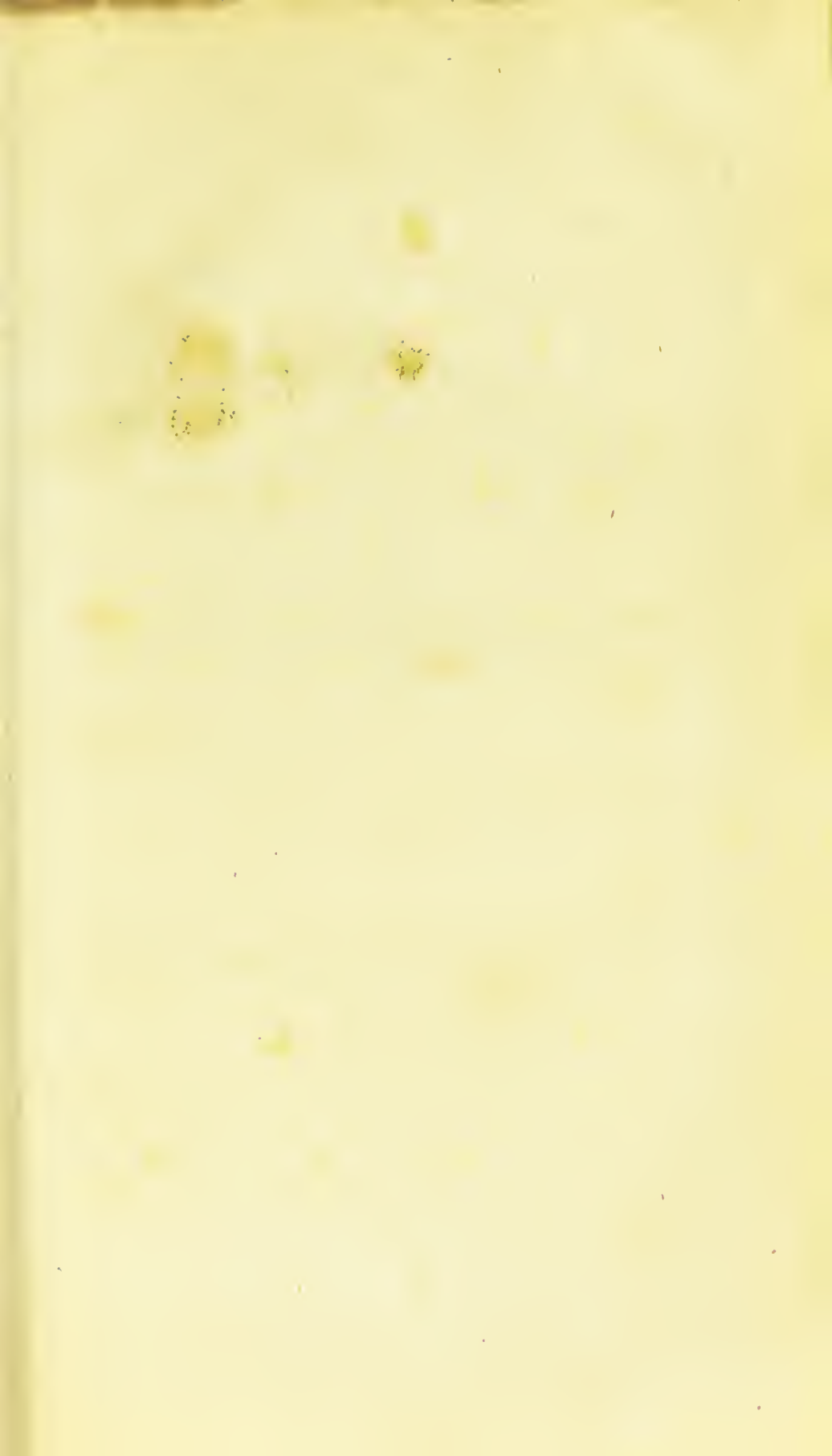
rivets itself to some constitutions. I have made choice of these as the fairest tests for determining the relative degrees of power in the several methods; and waited patiently for years to see, whether the cases that I supposed cured actually remained so. I have scarcely met with a single instance of relapse in any case, in which the method under confinement was properly conducted. It has cured venereal ophthalmiæ, without leaving any defect to vision; venereal sarcocèles; eruptions; diseased bones of many years standing. It has permanently cured obstinate ulcerations of the face, tongue, and throat; some of which had existed for years, and from the little effect produced on them by alterative and less rigid mercurial courses, had been thought to be cancerous and incurable. And in all these cases it was not only necessary to use the specific, in the manner recommended *under confinement*; but to carry the effects to that point at which it will generally produce the proper *internal* changes, either with, or without a *fair salivation*: and it has always cured with the greatest facility, when this alteration in the system has taken

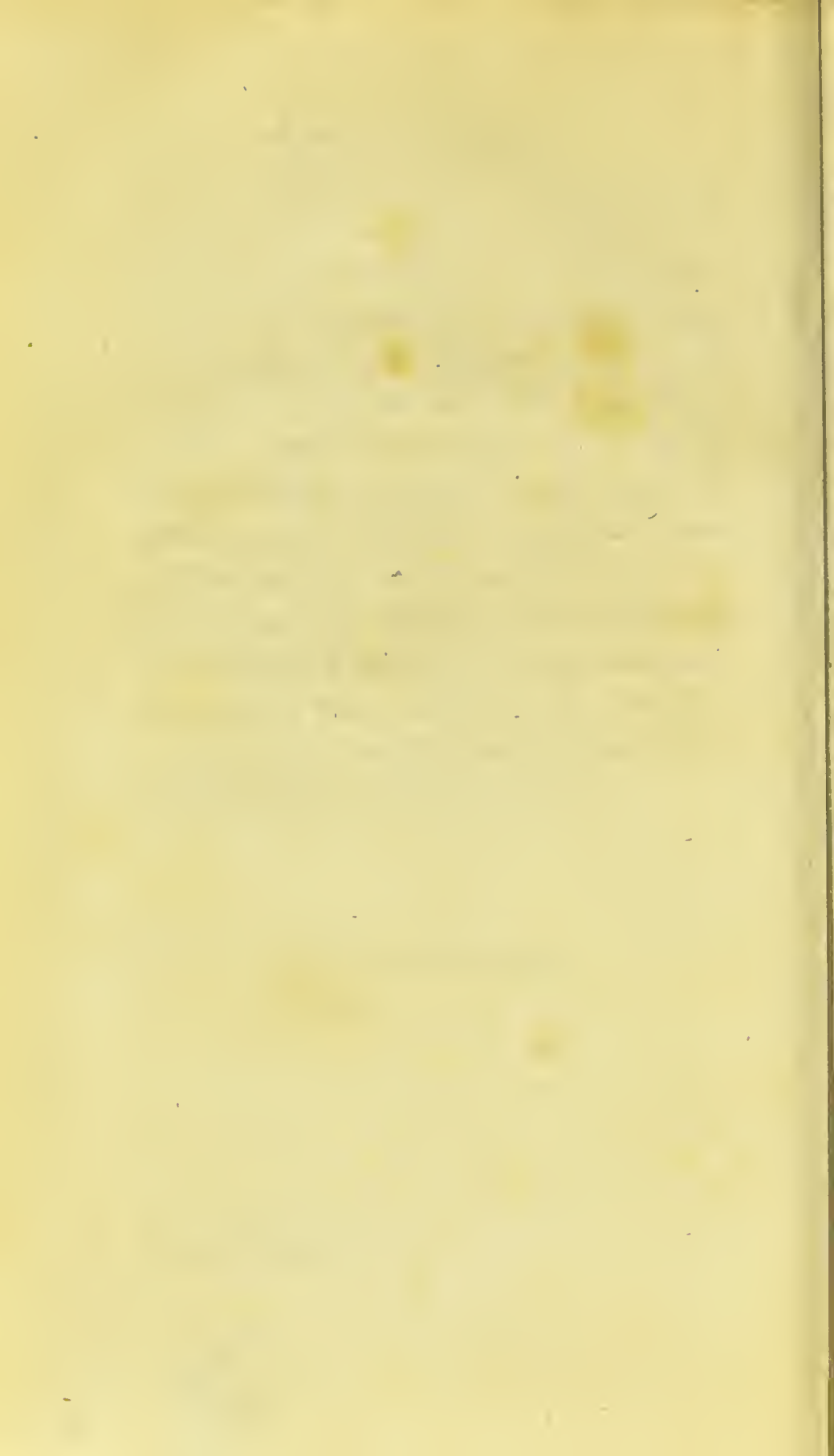


place *with* salivation; with much greater difficulty when it has not. Though I believe that the one way may be as certain as the other. And there are also a prodigious number of cases in which the effects on the mouth must be kept up by the continuance of the specific. From these facts I think myself fully vindicated in giving a superior degree of efficacy to this method. But what is frequently the only remedy in cases like these may be much too powerful for the milder and more general venereal symptoms, particularly for some of those called primary. To cure which a less quantity of medicine, and much slighter effects, may amply suffice.

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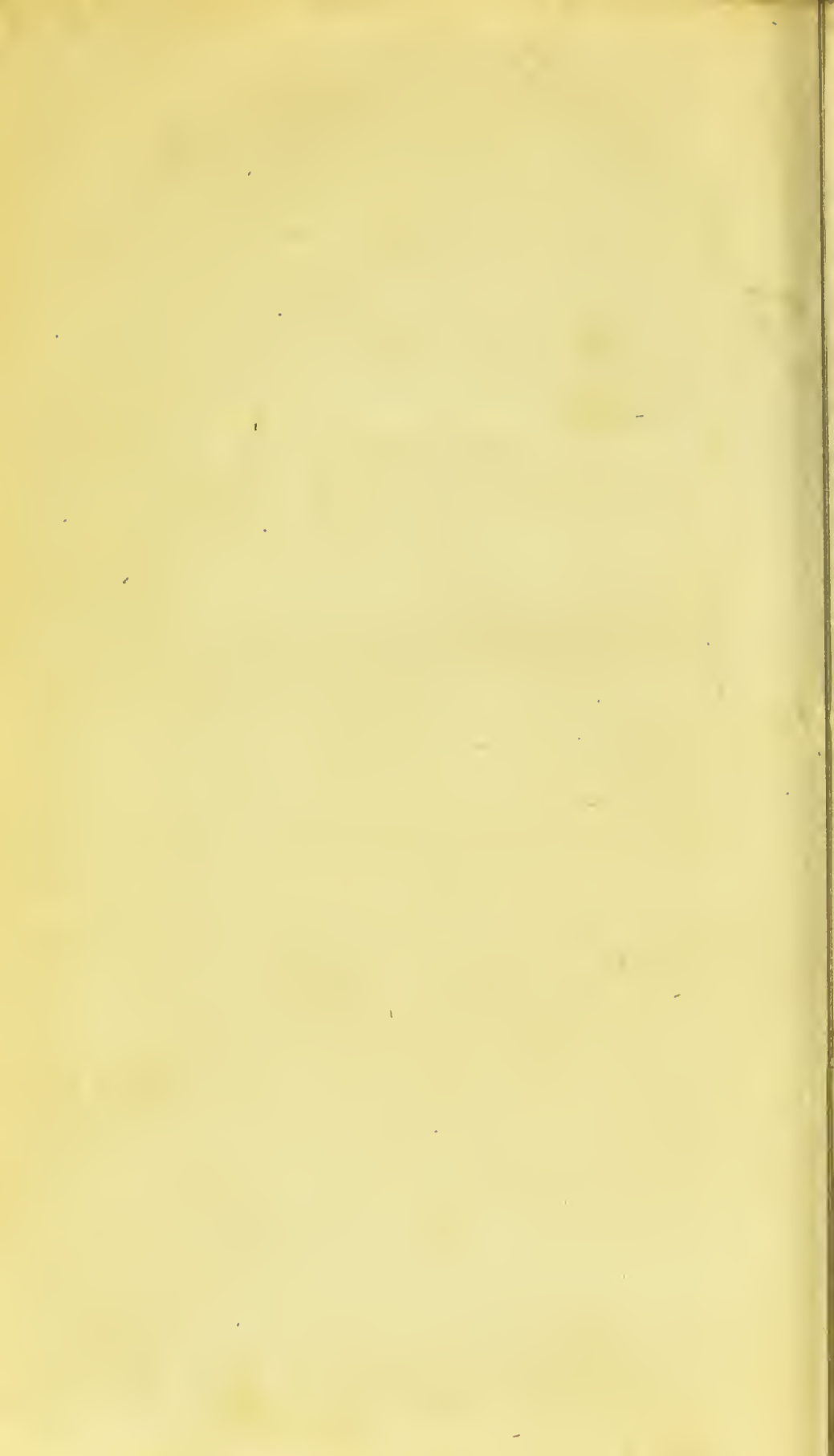












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